

LIBBY #1



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**Assessment of Vulnerable Populations
Lincoln County and the Libby Area, Montana**

1/30/2001

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Introduction

The community of Libby, Montana is as “frontier” as they come, which can be a strength or a weakness depending on how you look at it. Although the residents are surrounded by the splendor of the northern Rocky Mountains, they face some difficult challenges which are exacerbated by where they live. The condition of being rural, geographically isolated; having low population density, a declining economy, high levels of poverty, unemployment; and most recently, the effects of asbestos contamination, have battered this small town. In order to adequately describe the length and breadth of the troubles of the people who live in this area and their capacity to deal with them, we must first look at the state of Montana.

Montana

Montana is the fourth largest state in the Union. Although it boasts 147,406 square miles of land area, less than one million people live within its borders. Montana's population in 1999 was estimated by U.S. Census Population Estimate Program in March, 2000, to



be 882,779. It is one of the most sparsely populated states with an average of 6 persons per square mile compared to 74.2 persons per square mile nationally.¹ All 56 counties in Montana are classified as rural and 45 of them are also classified as frontier. 80% of the communities in Montana have populations that total less than 3,000 residents.²

The 1999 U.S. Census Bureau “Current Population Report” supports the financial condition of Montanan's as one of the worst in the nation, and the very worst in the northwest. The state's median household income, measured as the average during the past 3 years, was \$31,280. That was the 4th lowest in the nation after Mississippi, Virginia, and Arkansas. The national average median household income from 1977 to

1999 was \$39,357, which means Montanan's made about 79 cents for every dollar of income earned by the typical American during that period. The national average median household income for 1998-1999 was \$40,280 or 26 percent higher than in Montana.³ The drop in income reflects a decline in natural resource-based jobs, a slowdown in the increase of manufacturing jobs, and an increase in low paying service-related jobs across the state over the past few years.

Montana's poverty rate in 1998-1999 was 16.1 percent, while the national average dropped from 13 percent to 12.3 percent. Montana's incidence of people living in poverty is greater than its surrounding states. South Dakota's poverty rate in 1998-1999 was 9.3 percent; Wyoming, 11.1 percent; Idaho, 13.5 percent; and North Dakota, 14.1 percent. The Federal poverty guideline defines a single person as living in poverty if she/he has an income of less than \$8,501 a year. The average poverty threshold for a family of three was \$13,290 during this time period.⁴

A report from the U.S. Census Bureau released October 1, 2000 notes that the number of Montanan's in 1999 without health insurance was 164,000, or 18.6 percent. The report shows that Montana's uninsured rate ranks the state 10th worst in the nation. Montana's uninsured rate is higher than all of its surrounding states, except Idaho, with 19.1 percent. The report also noted that during a three year period from 1995-1997, the number of poor children without health insurance in Montana averaged 34,000. That represented about 13% of those children living in households with incomes less than twice the Federal poverty level. That was the eighth highest percentage of uninsured poor children in the country, where the average was 9.3 percent. Montana's incidence of uninsured poor children was higher than all neighboring states during those three years.⁵

Ninety-six percent (96%) of the businesses in Montana employ less than 50 people. The health care industry is the largest employer with 30,000 people employed. An average Montana worker profile in 1998 was:

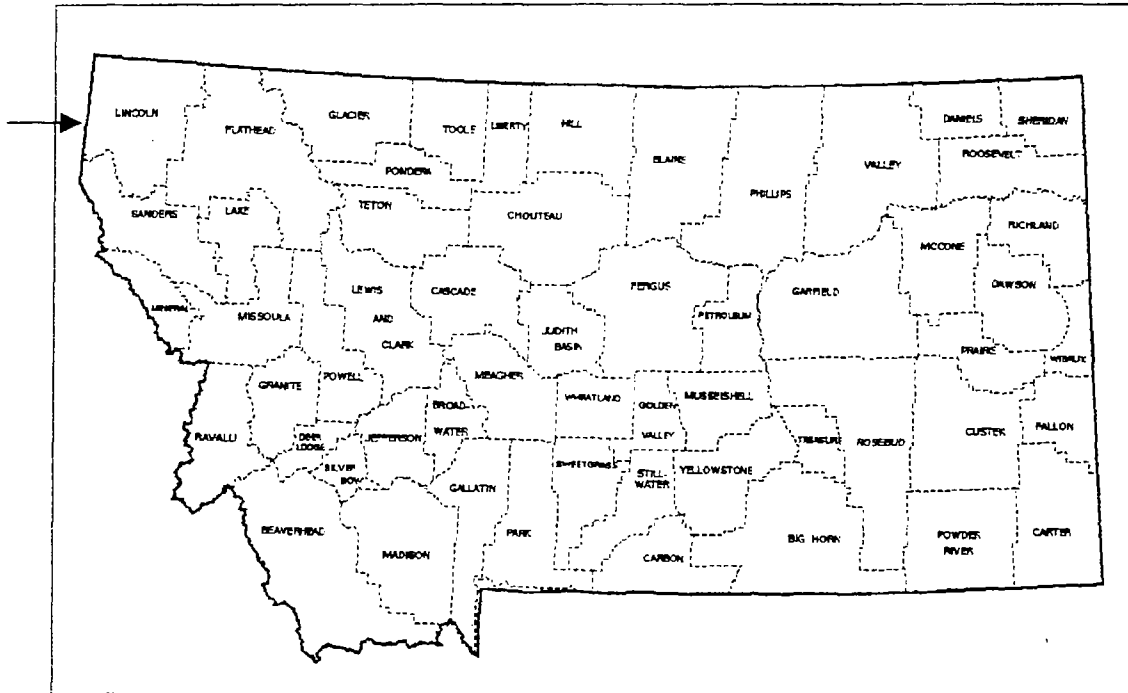
- 35-44 years old;
- high school graduate;
- married, with working spouse and one child;
- earning \$20,522/year in a service job (accountant, bookkeeper, waitress, clerk, cashier)⁶

Montana ranks second in the nation for the number of people working two or more jobs. The unemployment rate in Montana in 1999 was 5.2% compared to 4.2% nationally.⁷

Lincoln County

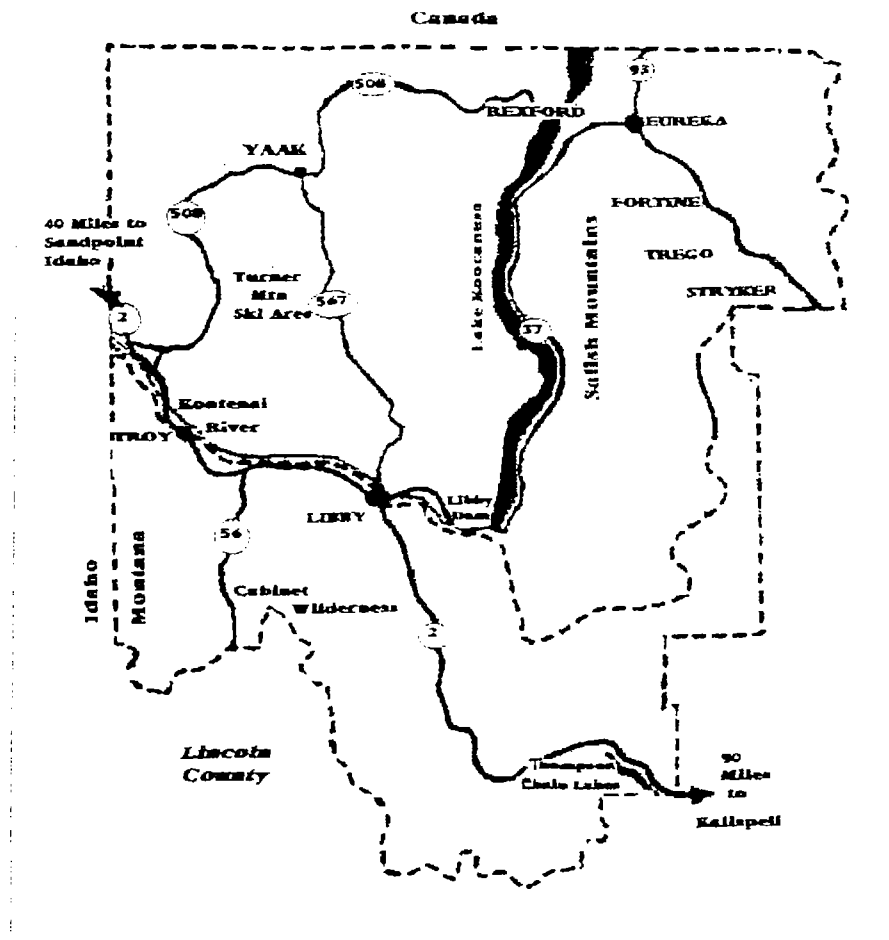
Located in the northwest corner of Montana, Lincoln County covers an area of 3,675 square miles in one of the most rural areas in the United States. Lincoln County is home to the Cabinet, Purcell, and Salish Mountain ranges and 97% of the land area is covered by coniferous forest. Rugged mountainous terrain, numerous creeks, and several large rivers characterize the area. Average snowfall is 55.6 inches with December through

February typically having the most snow. The population is located for the most part in the County's five major mountain valleys. The largest valley is the Tobacco Plains area just south of the Canadian border where the Tobacco River flows into the Kootenai River. This area contains the communities of Eureka, Rexford, Fortine, Trego, and Stryker. Seventy miles to the south is the Libby Valley where Libby Creek intersects the Kootenai. The largest urban area of the county, the city of Libby, is located there. Approximately twenty miles to the west is the Lake Creek valley where Lake Creek enters the Kootenai. At the mouth of the creek in the north end of the valley is Troy, toward the middle lies the community of Little Joe, and to the south is the community of Bull Lake. Eight to ten miles northwest of Lake Creek valley is the mouth of the Yaak River and the Yaak valley extends northward towards Canada. The fifth is the Fisher River valley. The majority of development in this valley lies in the Chain-of-Lakes region, forty-five miles southeast of Libby. Encompassed by Kootenai National Forest, 85% of the Lincoln County's land is held either by the U.S. Forest Service, Montana State Forest, or private timber corporations.⁸



The U.S. Census in March, 2000, estimated the population of Lincoln County to be 18,819 on July 1, 1999.⁹ The population density is 5.1 persons per square mile. Libby (2,675) and Troy (1,021) and Eureka (1,092) are the largest communities in the county.¹⁰

Lincoln county has long depended on natural resources, such as the extraction of mineral and the harvesting of timber, to survive. Since 1990, the county has experienced a devastating downsizing in the timber and mining industries. Between 1992 and 1993 alone, layoffs in the timber and mining industries resulted in the loss of 1,300 jobs.¹¹ Businesses that supplied goods and services to natural resource operations were dependent on those primary industries for survival. Many of those support businesses are now gone and those remaining are struggling to survive.



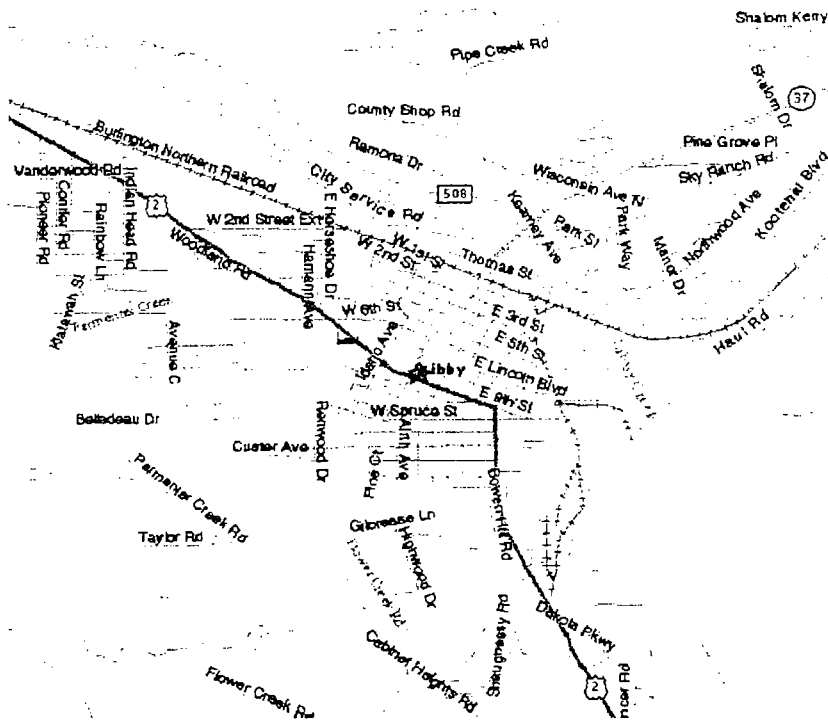
Lincoln county's civilian labor force consisted of 7,330 people in 1999.¹² According to the Montana Department of Labor, 13.8 % of the available workforce was employed in that year in manufacturing (12.5% of those in lumber industries), 18.9% by government entities, and 6.7% were employed in health services. Mining and forestry employed less than 1% of the available workforce during that time. Retail trade has become a significant portion of the economy over time with 13.7% of the available workforce employed by retail establishments in 1999.¹³

The unemployment rate in Lincoln county is 12.1%, over two times the state average and the second highest county unemployment rate in the state.¹⁴ Per capita personal income in 1998 was \$16,297 for the county compared to the Montana per capita person income of \$21,229 in the same year.¹⁵ Considering Montana's extremely poor national ranking in personal income, it is no wonder why one Lincoln county resident described the earning capacity of the average worker in the area to be "the bottom of the bottom."¹⁶ According to Claritas 1998 data, 10,082 residents of Lincoln County (53.8%) rank below 200% of poverty and of that, 4,133 people (21.96%) are at or below 100% of poverty.¹⁷

Population Profile for Lincoln County¹⁸:

Median age	35.3
Population over 65	12.2%
Average household income	\$25,400
Households with incomes over \$35,000	23.9%
Median home value	\$47,900
Median rent	\$280

Libby



The town of Libby, Montana lies roughly in the center of Lincoln County. Montana Highways 2 and 37 meet downtown. Thirty five miles to the west of town is the border of Idaho and 65 miles to the north, the U.S./ Canadian border. The closest larger towns are located about 90 miles away - Sandpoint, Idaho to the west and Kalispell, Montana to the east. The closest major city is Spokane,

Washington which is located 180 miles west of Libby.

Libby sits in a valley carved by the Kootenai River with the Cabinet Mountain Range to the south. The river turns west at Libby after flowing south out of Canada. The abundant natural resources of dense forests, water and minerals provided the major employment in the community for many years. Libby serves as the county seat and the headquarters for the Kootenai National Forest. The Libby Dam, built by the Army Corps of Engineers, spans the Kootenai River about 17 miles north of town. This dam confines the river and creates the 90 mile long lake Koocanusa, which extends into Canada. About 12,000 people live within a 10 mile radius of the city.¹⁹

Vermiculite was discovered in 1881 at Vermiculite Mountain approximately six miles northeast of Libby in the Rainy Creek drainage by miners hoping to discover gold. Its unique properties (when heated by flame, vermiculite expands to large, lightweight fluffy

clusters that do not burn) were recognized by Edward Alley in 1919, and in the 1920s, the Zonolite Company was formed and began mining vermiculite. In 1963, W.R. Grace bought the mine and operated a mill until 1990, when the mine closed and reclamation began.

At times during the operation, the vermiculite mine produced up to 80% of the world's supply of vermiculite. It has been used in building insulation and as a soil conditioner. Unfortunately, the vermiculite ore from the Libby mine contained an associated waste rock that included a particularly toxic form of naturally occurring asbestos referred to as tremolite.²⁰ Hundreds of workers who lived in and around Libby and nearby Troy and who participating in the mining, milling, concentrating, drying, screening, storage, bagging, loading, and transporting of asbestos from the Libby mine were exposed to the tremolite fibers (Figure 1.) which are toxic when inhaled or ingested. Family members of the workers were also exposed when the workers wore their contaminated clothes home. Some people were exposed when they used the asbestos to insulate their homes or to condition their gardens. There is also evidence to support that some individuals living in the town of Libby were exposed to asbestos by breathing in the fibers that were discharged into the ambient air during the time the processing and transporting of vermiculite was taking place.

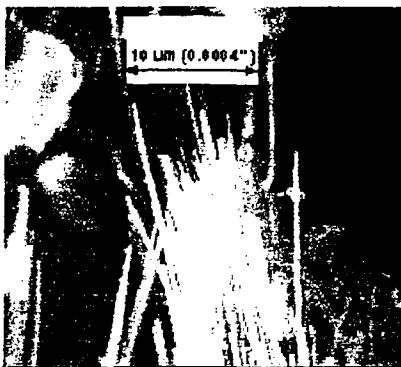


Figure 1. – Microscopic view of fibers in vermiculite.

Breathing asbestos can cause asbestosis - a slow accumulation of scar-like tissue in the lungs and in the membrane which surrounds the lungs, making breathing difficult. Blood flow to the lungs may be decreased, this causing the heart to enlarge. Asbestosis can lead to disability or death.²¹

The National Institute for Occupational Safety and Health recently reported that Lincoln County had the country's second highest per capita death rate from asbestosis - 5.7 per 100,000 people from 1968-1977. That compares to the overall U.S. rate of just 0.29 per 100,000. Only Somerset County, New Jersey, where the

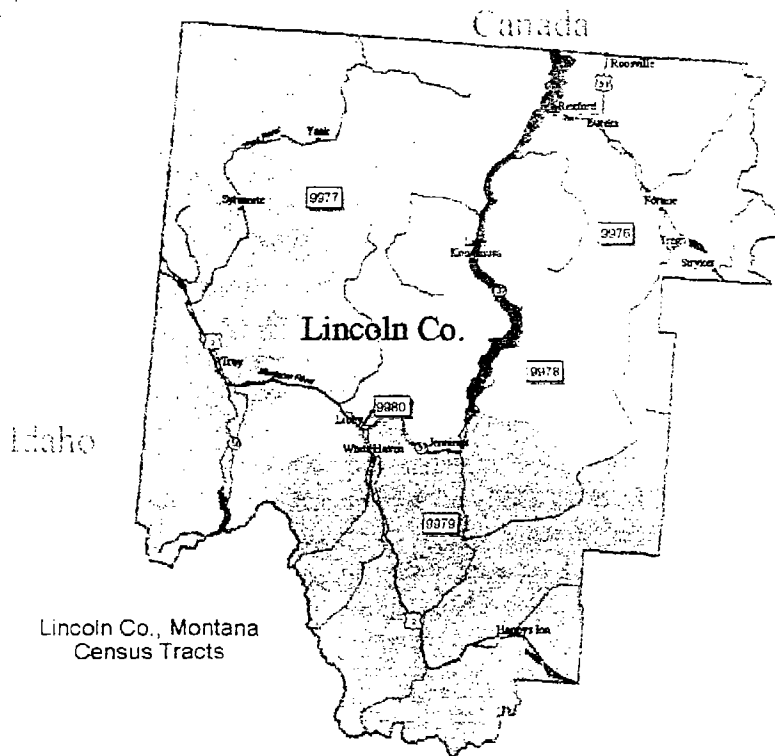
Johns-Mansville Company manufactured asbestos insulation has more deaths during the thirty-one year period.²²

Asbestos exposure can also increase the chances of getting cancer, most commonly, cancer of the lung tissue itself and mesothelioma, a cancer of the membrane that surrounds the lung and other internal organs. Both of these cancers are usually fatal. There is some evidence that asbestos exposure can increase the chances of getting cancer in other locations (for example, the esophagus, stomach, intestines, pancreas, and kidneys.)²³ The combination of smoking and exposure to asbestos greatly increases the risk of developing one of these lung cancers.²⁴

While lung cancer has a number of associated causes, asbestosis and mesothelioma are uniquely associated with exposure to asbestos. Unfortunately, the tremolite fibers found

in the asbestos from the Libby mine may be more chemically reactive than other types of asbestos fibers, making them more toxic.²⁵

Vulnerable Populations – Lincoln County, Montana



Lincoln County has recently been approved by the Federal Office of Shortage Designation for a Medically Underserved Population (MUP) designation (Appendix, Item 1.) The Eureka and Troy Census Divisions were designated as Health Professional Shortage Areas (HPSAs) on 3/26/92. The Troy Division was withdrawn on 5/30/97. An application has recently been submitted to designate the Libby and Troy Census Divisions as a low income population HPSA based on a low income population to primary care provider

ratio of 9,899:1. (Appendix, Item 2.) This ratio reflects a population of 7,424 at or below 200% with a provider FTE of .75. Lincoln County has also been designated as a mental health HPSA since 12/22/80 and this was recently updated on April 27, 2000.

As noted previously, the U.S. Census Population Estimate Program in March, 2000 estimated the population of Lincoln County to be 18,819 on July 1, 1999. Within this group, there are several special populations that need to be served:

The Very Poor

10,082 (53.8%) of the people who live in Lincoln County have incomes less than 200 percent of the Federal Poverty level. Of those, 4,133 (22%) have incomes under 100%. 2,365 of these very poor residents do not receive Medicaid. The number of Medicaid participants has been steadily decreasing in Lincoln County and across Montana in the past three years as Montana's welfare reform program was implemented²⁶:

<u>Year</u>	<u>Average Participants in Medicaid/Month in Lincoln County</u>
1997	1,898
1998	1,836
1999	1,768
2000	1,660

Medicaid Participation of Lincoln Residents With Incomes Less than 100% of Poverty²⁷

# of Lincoln residents \leq 100% of Poverty	4,113
# of Lincoln County Medicaid Recipients/month	1,768
Medicaid/Medicare Dual Eligibles	205
Medicaid Family Adults	347
Medicaid Children	768
Medicaid Blind/Disabled	448

In the spring of 1993, the Montana State Legislature voted to eliminate two programs that assisted Montana's single, unemployed adults - State General Assistance (welfare) and State Medical (a Medicaid-type program) in those counties where the state had previously "assumed" responsibility. After June 30th of 1993, those counties were given 3 mills to mitigate the effects of that action. In FY1993, the State of Montana spent \$105,809 in Lincoln county on welfare benefits and \$146,725 on medical needs through the State General Assistance and State Medical programs, respectively.

After "deassumption," Lincoln county had 3 mills (then worth about \$114,000) to tackle a problem that the previous year had cost the state \$252,534 – over a quarter of a million dollars.²⁸ The county commissioners used those funds to establish the Lincoln County Indigent Services Program. The purpose of the program was to provide help to pay for medical needs (outpatient office visits, laboratory services, and medication), shelter (rent, heat, electric and food), and burial needs for indigent individuals who did not qualify for other assistance.

Due to severely decreasing tax revenues and increasing costs for providing basic county services, the county commissioners made the difficult decision to fund only the position of the Indigent Services Program director and basic administrative costs for the program beginning in July of 1998. The director has had to piece together a program budget with small grants, occasional county matching funds for small projects, and shelter reimbursements that can be garnered from the first check a newly-designated Social Security (disabled) recipient receives. In addition, medical expenses for the previous year are reimbursed to the program when a recipient of SSI receives Medicaid. This is a time and paperwork-intensive activity, but the SSI "revolving fund" generates approximately \$20,000 to 25,000 per year for the Indigent Program.²⁹

Policy for the program states that "applicants must be actively seeking employment, or, if unemployable due to disability, they must apply for and be actively pursuing disability

determination.” Dental services are limited to emergency extractions only. The program also has a small fund for emergency travel provided by the local ministerial association.

The Indigent Program received a grant for \$20,000 from the Steele-Reese foundation last year. There is currently \$9,000 of that remaining (Nov. 2000). After that money is spent, the budget for the County Indigent program will be severely limited and many low-income residents will be without any County assistance for their basic needs, including medical and dental care. The director of the program has been forced to deny requests for medical help in the past year to meet the demands of the tight budget.³⁰

Lincoln County Indigent Program Annual Total Expenditures³¹

Year	Number of Recipients	Total Expenditure
FY1999	1,105	\$75,847
FY1998	1,263	\$79,600
FY1997	1,254	\$71,038
FY1996	1,199	\$72,133

Lincoln County Indigent Program – Medical/Dental/Pharmacy Yearly Expenditures³²

Year	Medical/Dental/Pharmacy Assistance Expenditure
FY1999	\$24,163
FY1998	\$18,777
FY1997	\$23,596
FY1996	\$25,501

Montana’s welfare reform program, Families Achieving Independence in Montana (FAIM) superseded Aid to Families with Dependent Children (AFDC) in February 1996. The following chart demonstrates declining participation in Lincoln County the past four years. Similar declines in enrollment have occurred across Montana.

FAIM Participation 1997-2000³³

	1997	1998	1999	2000
Average Monthly Cases	292	158	122	104
Average Monthly Payment	\$401	\$415	\$406	\$415
Total Payments	\$1,403,651	\$785,641	\$595,169	\$516,764

From October 1, 1999 through January 31, 2000, 1,226 Lincoln county residents received Low Income Energy Assistance (LIEA). This number of recipients was surpassed only

by 6 other counties - Yellowstone, Missoula, Cascade, Silver Bow, Flathead, and Lewis and Clark – counties with the large populations in the state. Considering their estimated populations on July 1, 1999, Lincoln County would rate the highest in the state at 6.5% of its population (7.9% of its households) receiving assistance while in Missoula, 2.9%; Lewis and Clark, 2.7%; Cascade, 2.6%; Yellowstone, 2.1%; and Flathead County, 1.9% of their respective populations received Low Income Energy Assistance.³⁴

The population of the Libby Census Division is 10,500 and the population of the Troy Division is 3,448. The population which is at or below 200% of poverty in the Libby division is 5,300 (50%), and of those, 20% fall below 100% of poverty. The low income statistics for the Troy Census Division show that 2,124 people (61.6%) of the people living in that area have incomes less than 200% of poverty and of those, 28.2% fall below 100% of poverty.³⁵

Teenage Pregnancy, Teenage Mothers

There were 218 pregnancies in Lincoln County in 1998. Of which, 38 (17.4%) of all pregnancies were to women 19 years or younger. During that same time, there were 189 live births. 29 of the live births (15.4%) were women 19 or younger. Also during this time, 9 of the 28 induced abortions (32.2%) were women 19 or younger.³⁶ 46% of the local hospital deliveries in 1999 were to mothers on Medicaid.³⁷

The Elderly

There are an increasing number of elderly people living in Lincoln County. 1980 U.S. Census data showed a Lincoln County population of 17,752, of whom 8% (1,420) were aged 65 or older. The 1990 population was 17,481, of whom 12.25% (2,142) were 65 or older. On July 1, 1999 it was estimated that 14.9% (2,818) of Lincoln County residents are 65 years or older.³⁸ Per capita retirement income (Social Security income) increased from 1995-1998, also reflecting a higher percentage of retirees.³⁹ Additional Census data seems to indicate an increasing trend in the number of elderly people living alone or in group quarters in Lincoln County.⁴⁰

Families

As the mines closed and timber cutting decreased, good paying jobs in Lincoln County became hard to find. As previously noted, Lincoln County now has a high unemployment rate (12.1% in 1999), low per capita personal income (\$16,297 in 1998), and subsequent poverty. This has put a tremendous strain on families. It has been reported that many displaced workers now work in the secondary labor market picking mushrooms, cutting firewood, or selling berries, deer horns, or pinecones; that an influx of more affluent retirees has driven up housing costs and has displaced many residents who lack the income to compete for housing; and that many families have been forced to relocate to other areas.⁴¹ The following chart shows the decline in school enrollment as reported to the Office of Public Instruction by Libby Public Schools⁴²:

<u>Year</u>	<u>Total Students Enrolled in Libby Public Schools</u>
1997-1998	1,989
1998-1999	1,803
1999-2000	1,778

39% of all of the children enrolled in Libby Public Schools over the past three years have been eligible for free and reduced price meals through the National School Lunch Program.⁴³

60% of the households in Lincoln County that are receiving foodstamps are receiving no other public assistance. This indicates that there are no children in those households, or they would likely be on Medicaid.⁴⁴ Unemployment numbers (which count only those people who are unemployed and looking for work) decreased from 1993-1995 indicating that those who worked for W.R. Grace had exhausted their unemployment benefits and either moved out or are still there and not working. If they are still there and not working, there should be an increase in Medicaid to multifamily households, but Medicaid is dropping. The percentage of households with foodstamps and other public assistance, including Medicaid is dropping. It appears from these statistics that those families are not staying in Lincoln County and trying to find work, they are moving out and taking their children with them.⁴⁵

Montana Department of Labor and Industry statistics reflect the struggle of Lincoln County residents over time. 1995 earnings are similar to 1991 after the mine closed. In the period between 1995 and 1998, earnings went up. Wage and salary income decreased overall during 1991-1998, while propriety income (people trying to start their own businesses) increased. Average earnings per job decreased until 1996, then they started to rise slowly. They still are not above 1994 levels.⁴⁶

Help Line is Lincoln county's domestic violence 24 hour hotline. They receive funding from the Board of Crime Control and the Montana Department of Health and Human Services, as well as some funds from FEMA. The Help Line has been in operation since 1981. A domestic violence shelter was added to their services in 1994. Table 3 reflects increasing demand for their hotline and shelter services over the past 3 years.⁴⁷

Lincoln County Help Line Statistics 1998 – 2000⁴⁸

Year	Calls	Clients	Nights of Shelter	Shelter Women	Shelter Children
FY2000	916	243	695	22	33
FY1999	759	192	659	32	55
FY1998	556	210	251	29	29

The Underinsured

A survey of the top ten employers in the Libby area showed a wide range of health insurance coverage, if offered, with deductibles from \$100 to \$2000 per employee, percent of coverage by the plan from 50% to 100% of the cost of care, and the total out-of-pocket expense for one year from \$1,000 to \$3,750 per employee, up to 7,500 per year for a family. Some plans ask the employee to pay a portion of the cost of the plan, most plans pay some prescription expenses, few include dental or vision coverage.⁴⁹

People Exposed to Asbestos

In the summer of 2000, the Agency for Toxic Substances and Disease Registry (ATSDR), in cooperation with the Environmental Protection Agency (EPA) and the Montana Department of Public Health and Human Services (MDPHHS) tested over 6,000 individuals who may have been exposed to asbestos from the Libby mine. Persons eligible for the testing included: (1) former employees of W.R. Grace or Zonolite in the Libby area and household members of former employees, and (2) persons who lived, worked, played, or attended school in the Libby area for at least 6 months on or before December 31, 1990. Persons living outside of the Libby area who met the testing criteria were allowed to participate in the testing program. The testing included (1) a face-to-face interview, (2) chest x-rays, and (3) a lung function test. (Chest x-rays cannot detect asbestos in the lungs, but they are the most reliable way to identify changes in the lungs and lining of the lungs that might be the result of asbestos exposure.)⁵⁰

While the results of this testing will not be released by ATSDR until February, 2001, staff of the Center for Asbestos Related Disease (CARD) clinic in Libby report that over 500 people (9-10%) tested had an abnormality that needed immediate follow-up.

Statistics released recently from the second half of the screening, applied to the total test group indicate the following:

Of the 6,000 people tested,

- 21% (1,320) would be uninsured;
- 24% (1,018) would be Medicare recipients;
- 5% (216) would be covered by Medicaid;
- 69 (7.4%) would be Medicare/Medicaid dual eligible;
- 51% (2,127) would be covered by private insurance.

Of those who would be covered by private insurance,

- 19.5% would have HMO coverage;
- 0.4% 17 would be eligible for Worker's Compensation⁵¹

A recent ATSDR mortality study based on a review of death certificates found that the death rate from asbestosis in the Libby community was 40-60 times the national average. Mortality from mesothelioma also appeared to be elevated.⁵² Montana Department of

Public Health and Human Services Vital Statistics Bureau reports that for the period from 1979-1998, the incidence of respiratory neoplasms for Montana residents was 5.86% and for diseases of the respiratory system was 10.25%. During the same time period, the incidence for respiratory neoplasms for Libby residents was 7.20%, and for diseases of the respiratory system was 10.84%.⁵³ The Bureau is currently reviewing death certificates and other data to identify other deaths that may have been related to asbestos exposure.

Negotiations are currently underway between Libby community members and Health Network America to hammer out details of the Libby Medical Program, medical coverage being offered by W.R.Grace for former employees, their dependents, as well as others who live (or lived) in the Libby area who suffer from asbestos-related conditions. Residents of the area have been hesitant to sign up for this coverage until these details are worked out. For example, because of the latency period of the disease, some people may not know they have a problem until sometime in the future, by then, the application period could be closed. Several residents involved in legal action against W.R. Grace have been directed not to sign up for the program by their attorneys. As of 1/18/2001, 85 people had signed up according to Alan Stringer, W.R.Grace's Libby representative.

Lincoln County/Libby Health Services

Please refer to copy of attached MUP application (Appendix, Item 1.) for a Lincoln County Health Resource Assessment.

Lincoln County has one hospital – St. John's Lutheran Hospital (SJLH) in Libby, Montana. This 26 acute care bed facility is a not for profit, non-denominational community hospital. 175 people are employed at SJLH. Three of the 26 beds are intensive/cardiac beds and eight are swing beds for longer stays that do not require higher levels of service. SJLH's emergency room operates 24 hours, 7 days a week.

The Prompt Care Clinic is open daily from 9:00 to 6:00 p.m. weekdays and 10:00 – 2:00 p.m. Saturdays and Sundays for minor illnesses, minor emergencies, and medical problems and is located in a building next to SJLH. Based on a review of their current open accounts, approximately 17% of their patients receive Medicaid, 20% have Medicare, 48% have private insurance, and 15% of their patients are private pay (uninsured). They do not offer services on a sliding scale. Primary care physicians (4.20 FTE) employed by the hospital staff both the Prompt Care Clinic and the emergency room. Based on time studies supplied by the hospital, the primary function of these physicians is to staff the emergency room. Prompt Care has two physician assistant midlevel providers on staff. Prompt Care was developed to help decrease inappropriate emergency room visits. Unfortunately, according to the hospital CFO, some patients don't like to wait for appointments and they know they can be seen right away in the emergency room. They also know they can see a physician in the emergency room instead of a midlevel provider. If the hospital tightens up the payment policy in the Prompt Care Clinic, the patients may move to the emergency room. More people are being seen in the emergency room and this has put stress on the staff and resources. With

the recent allocation of 3.5 million federal dollars to improve the facility, SJLH is moving forward with plans to integrate Prompt Care and emergency services. Depending on the symptoms, patients will receive either an urgent care or emergency service. These services will be provided on more of an outpatient basis, with the clinic side categorized as provider-based.

Other hospital services include:

- Obstetrics – about 120 babies are born at SJLH every year.
- Surgery – Inpatient and outpatient, general, orthopedic, laparoscopic, cataract, gynecological.
- Laboratory
- Radiology – ultrasound, mammography, whole body CT, Carotid Studies, Osteoporosis screening
- Respiratory Therapy – Inpatient and outpatient, pulmonary function testing.
- Rehabilitative Services – Inpatient and outpatient, physical therapy, occupational therapy, speech therapy.
- Home Health and Hospice – for homebound individuals throughout Lincoln County.
- Dialysis
- Diabetes Education Center
- Cardiac Rehabilitation
- Chemotherapy
- Assisted Living Facility – 10 unit senior living facility.
- Troy Medical Arts Facility⁵⁴

SJLH owns and operates the new Center for Asbestos Related Diseases (CARD) Clinic on its campus in Libby. With funding from W.R. Grace and assistance from HRSA, EPA and ATSDR, this medical center was developed for those people who need diagnosis and coordination of care for any asbestos related diseases which are the result of exposure to asbestos in and around the Libby area. The center provides screening for those community members not captured by the initial ATSDR screening, early diagnosis, education, preventative interventions, regular monitoring, supportive services, and coordination of care. As there are no funds to support ongoing screening and other CARD services, the patients are billed per hospital policy. The staff of the center works with regional and national pulmonary and occupational health care specialists. They are connected via computer with a Spokane-based pulmonologist for real-time interpretation of spirometry and radiology studies. The center was developed to provide a local set of services to a population that is geographically isolated. During the upcoming hospital renovation, it is planned to move the CARD clinic from its temporary space into the building where Prompt Care Clinic currently resides.⁵⁵

A self assessment of SJLH's ability to manage Federal funds is attached (Appendix, Item 3).⁵⁶

Libby Clinic is a private medical clinic that provides family practice and internal medicine services to Libby and Troy. 4.5 FTE physicians and one FTE Nurse Practitioner staff the clinic. According to a review of their active accounts for the past three years, 20% are on Medicaid, 20% of the clinic's patients are on Medicare, 45% have private insurance and 14% are private pay (uninsured). They do not offer services on a sliding scale.⁵⁷

There is also a general surgeon, a general practitioner physician, and an internal medicine physician in private practice in the Libby area and a nurse practitioner in private practice in Troy.

There are four dentists in Libby that serve the Libby-Troy area, one dentist in Troy, and two dentists in Eureka. Based on reports from Lincoln County public health staff, the dentist in Troy takes patients on Medicaid and one of the dentists in Libby will see children on Medicaid only.⁵⁸

There are 1.5 FTE Public Health Nurses for all of Lincoln County. They provide immunization services on a sliding scale, some new baby home visiting, and some home health care. An April, 2000 review of the immunization rates for Lincoln County school children showed that 98.3% of the students enrolled in November 1999 were fully immunized. A record review provided by the Montana Department of Public Health and Human Services of the immunization clinic in Libby and Eureka showed a 100% immunization rate for children 24-35 months of age for all childhood immunizations as well as Hepatitis B, with the exception of varicella.⁵⁹

As reimbursements from Medicaid for home health care have decreased, agencies providing those services have fewer staff to provide care. In fact, one home health care agency associated with the nursing home in Libby is closing down. This has resulted in the county health nurses being requested to provide more and more home health services by the public. Unfortunately, the nurses are unable to accommodate this increasing demand with the current level of staffing.

The Lincoln County WIC program is located in the same building as the Public Health Nursing office. In 1998, 105 adults received WIC services in Lincoln County. There were 550 visits to WIC for infant/child services in the Libby area and 155 in the Eureka area for that same year.⁶⁰ A self assessment of Lincoln County's ability to manage Federal funds is attached (Appendix, Item 4).⁶¹

Please see Dr. Bonnie Selzler's report on Mental Health Services. (Appendix, Item 5.)

Lincoln County has several successful programs for at-risk families:

Families In Partnership is a non profit organization which has provided services to families and children in Libby, Montana since 1994. Its mission is to provide both direct services to families and to build community capacity to respond to the

needs of children through project development. They administer several programs including:

1. Partnership to Strengthen Families - a child abuse and neglect prevention project that provides intensive intervention with families whose children have been removed from parental custody or are at imminent risk of removal. Included in this program are the Parent Involvement and Resource Centers at the Libby elementary schools and parenting classes and parent-child play groups.
2. Toddler, Infant, Parent Solutions (TIPS) - a 0-3 parent resource and referral center with video, book, and toy loan library, play groups and case management.
3. Healthy Mothers, Healthy Babies Coalition – a project for community capacity building to address issues for pregnant women, mothers, and infants.
4. Lincoln County Covering Kids - the Children's Health Insurance Program (CHIP) and Medicaid local outreach and enrollment effort has been in effect for about one year. In that time, 519 previously uninsured children in the county have been insured through the CHIP program. It is unknown how many Lincoln County children have received Medicaid through this effort, although Medicaid enrollment for children has increased statewide.⁶²
5. EvenStart - a family literacy program for families who face geographic or social barriers to literacy and self-sufficiency.
6. First Years Initiative – a project designed to create a planning coalition to design community strategies to bring universal preschool access to the community.⁶³

The Lincoln County Family Planning program offers comprehensive women's health and contraception services on a sliding scale. In 1999, 99% of their clients were at or below 150% of poverty and of those, 74% had incomes at or below 100% of poverty. These facts, as well as increasing laboratory costs, have put a severe strain on this program.⁶⁴

Summary

The residents of Lincoln County, Montana, are struggling to cope with many issues that put their health at risk. Because of a declining economy, many are out of work. Although the official unemployment rate for Lincoln County was 12.1% in 1999, many believe, due to recent layoffs, that it is much higher. Per capita income is low, leaving over half (53%) of the population of the county with incomes less than 200% of the Federal poverty level. Almost one fourth of the population of the Lincoln County (22%) make less than 100% of poverty and are considered very poor. Of those, over half do not receive Medicaid.

Many people who live in Lincoln County do not have health insurance. The uninsured rate for Montana is 18.6%. It may be higher in Lincoln County as evidenced by the asbestos screening data which showed 21% of the sample to be uninsured. To stay solvent, some businesses offering health insurance have increased the amount the employee must pay to be part of their plan and/or are choosing plans with higher

deductibles and increasing yearly out-of-pocket expenses. Some are considering not offering health insurance at all.

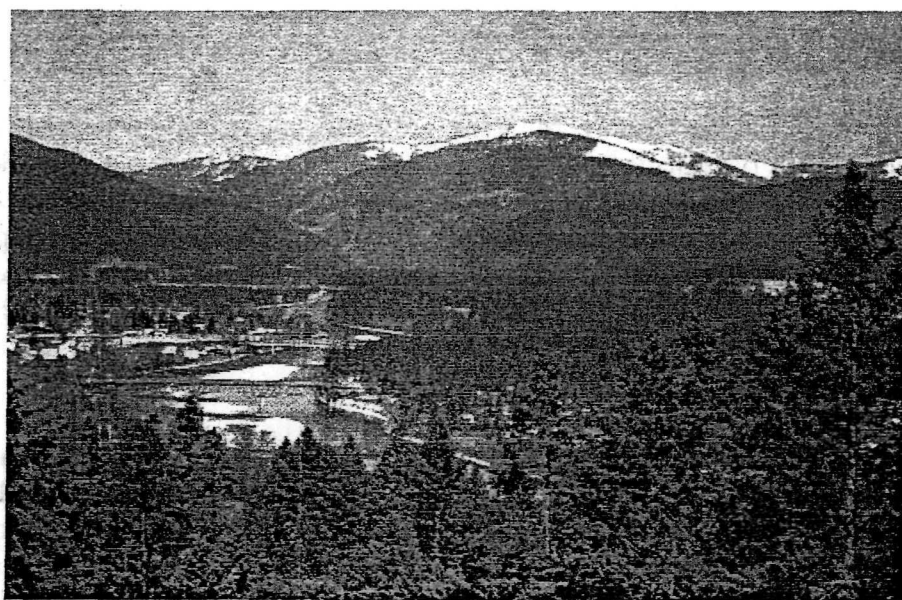
County resources for helping those in need have been seriously depleted, leaving only basic administrative support to the Indigent Services Program, and the future of that support is in question. Statewide welfare reform rules will move more people off of financial assistance as time goes by.

Physician practices have a difficult time collecting payment for services. Access to affordable primary care is difficult for low-income and uninsured patients. Administrators of St. John's Lutheran hospital report that upwards of 25% of the hospital's patients cannot pay their bills.

Other programs, such as Lincoln County Family Planning and Cabinet Mountain Counseling, that offer services on a sliding scale, are hard pressed to keep their doors open. Young families are moving out. Older folks are moving in and driving up housing costs, displacing residents who lack the income to compete for housing.

On top of all of this is the long-term consequence of mining, processing and using products contaminated with tremolite asbestos. For the 600 – 1000 estimated residents exposed, there may be years of suffering ahead, both emotionally and physically. The total cost of medical care over the long term for this population is unknown, but probably very high. The resources and mechanisms to pay for such care are not secured at this time.

While the beauty of Lincoln County cannot be denied, neither can the troubles effecting the health status of the people who live there.



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- ¹Montana in Perspective. Morgan, K.O., Morgan, S., editors. Morgan Quitno Press. 2000.
- ²Montana in Perspective. Morgan, K.O., Morgan, S., editors. Morgan Quitno Press. 2000.
- ³"Census: Montana Income Still Low, Growing Slowly," The Independent Record, Helena, Montana, September 29, 2000.
- ⁴"Census: Montana Income Still Low, Growing Slowly," The Independent Record, Helena, Montana, September 29, 2000.
- ⁵"Uninsured in State Decreased Last Year," The Independent Record, Helena, Montana, September 29, 2000.
- ⁶Montana in Perspective. Morgan, K.O., Morgan, S., editors. Morgan Quitno Press. 2000.
- ⁷Montana Department of Labor website, October 2000.
- ⁸"Site Location Guide, 2000" Lincoln County Development Council, Inc.
- ⁹"Population Estimates for Montana and Counties: Annual Time Series," Population Estimates Program, Population Division, U.S. Census Bureau, Washington, D.C., Internet Release Date: March 9, 2000.
- ¹⁰"Site Location Guide, 2000" Lincoln County Development Council, Inc.
- ¹¹Northwest Region Resource Conservation and Development, Greg Larson, RC&D Coordinator, September 28, 2000.
- ¹²"1999 Annual Average Labor Force By County," Montana Department of Labor & Industry, Office of Research & Analysis, <http://rad.dli.state.mt.us/employ/AA99LF.HIM>.
- ¹³"Lincoln County, Covered Employment and Wages – Annual Average 1999," Montana Department of Labor and Industry, Research and Analysis Bureau, <http://rad.dli.state.mt.us/employ/1999-202/99lincln.htm>.
- ¹⁴"1999 Annual Average Labor Force By County," Montana Department of Labor & Industry, Office of Research & Analysis, <http://rad.dli.state.mt.us/employ/AA99LF.HIM>.
- ¹⁵"Personal Income and Per Capita Personal Income by County 1966-1998," Survey of Current Business, July 2000, U.S. Department of Commerce, Economics and Statistics Administration, Bureau of Economic Analysis.
- ¹⁶Greg Larson, Libby Community Survey, Montana Primary Care Association, September 28, 2000.
- ¹⁷Claritas Corporation, 1998 Proprietary Demographic Estimates.
- ¹⁸"Site Location Guide, 2000" Lincoln County Development Council, Inc.
- ¹⁹"Libby's Yesterday and Today," Libby Area Chamber of Commerce Website, <http://homer.libby.org/libbvacc/history.html>.
- ²⁰"Libby Environmental Health Update, March 20, 2000," Montana Department of Environmental Quality, Department of Public Health and Human Services, <http://www.deq.state.mt.us/Libby/Marchupdate.htm>.
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- ²²"Lincoln County Has Country's Second-Highest Death Rate From Asbestosis," The Independent Record, Helena, Montana, December 7, 2000.

- ²³"EPA Facts About Asbestos, June 1992," Toxicological Profile for Asbestos, Agency for Toxic Substances and disease Registry, U.S. Public Health Service.
- ²⁴"Background, Libby Asbestos Response," U.S. Environmental Protection Association, <http://www.epa.gov/region08/superfund/sites/lbvbkgd.html>.
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- ²⁶Statistical Reports, State Fiscal Year 1997, 1998, 1999, 2000, Montana Department of Public Health and Human Services.
- ²⁷"Table 6: Medical Assistance (Medicaid), Average Recipients Per Month and Amount of Payments by Basis of Eligibility and by County," Statistical Report, State Fiscal Year 1999, Montana Department of Public Health and Human Services, page 17.
- ²⁸Carl McMahon, Public Assistance Division, Montana Department of Public Health and Environmental Sciences, 10/4/2000.
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- ³⁰Betty Challinor, Director, Lincoln County Indigent Program, Libby Community Survey, Montana Primary Care Association, September 28, 2000.
- ³¹Betty Challinor, Director, Lincoln County Indigent Program, Libby Community Survey, Montana Primary Care Association, September 28, 2000.
- ³²Betty Challinor, Director, Lincoln County Indigent Program, Libby Community Survey, Montana Primary Care Association, September 28, 2000.
- ³³Statistical Reports, State Fiscal Year 1997, 1998, 1999, 2000, Montana Department of Public Health and Human Services.
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- ³⁸"Population Estimates for Counties by Age Group: July 1, 1999," Population Estimates Program, Population Division, U.S. Census Bureau, Washington, D.C., Internet Release Date: August 30, 2000.
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- ⁴⁶"Regional Economic Profile, June 2000," Regional Economic Information System, Bureau of Economic Analysis.
- ⁴⁷Jennifer Frank, Executive Director, Libby Community Survey, Montana Primary Care Association, September 28, 2000.
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- ⁵¹Montana Department of Public Health and Human Services, Michael Spence, M.D., 10/11/00.
- ⁵²"Mortality from Asbestosis in Libby, Montana 1979-1998," CERCLIS No. MT0009083840", Agency for Toxic Substances and Disease Registry, December 12, 2000.
- ⁵³Bruce Schwartz, Bureau of Vital Statistics, Montana Department of Public Health and Human Services, 9/26/00.
- ⁵⁴Rick Palagi, CEO, Ron Wiens, CFO, Kimberly Rowse, RN, Prompt Care Clinic Manager, St. John's Lutheran Hospital, Libby Community Survey, Montana Primary Care Association, September 27, 2000.
- ⁵⁵Brad Black, M.D., Pat Cohan, RN, CCRN, CARD Clinic, Libby Community Survey, Montana Primary Care Association, September 27, 2000.
- ⁵⁶Ron Wiens, CFO, St. John's Lutheran Hospital, 10/24/00.
- ⁵⁷Marsha Fantozzi, Clinic Manager, Libby Clinic, Libby Community Survey, Montana Primary Care Association, September 27, 2000.
- ⁵⁸Carol Spas-Ott, PHN, Lincoln County Health Department, Libby Community Survey, Montana Primary Care Association, September 20, 2000.
- ⁵⁹Joyce Burgett, RN, Montana Immunization Program, Montana Department of Public Health and Human Services, 9/26/00.
- ⁶⁰Terry Krantz, Director, WIC Program, Montana Department of Public Health and Human Services, 10/2/00.
- ⁶¹Carol Cummings, Lincoln County Clerk and Recorder, Lincoln County Board of County Commissioners, 9/28/00.
- ⁶²Mary Noel, Project Director, CHIP, Montana Department of Public Health and Human Services, 12/11/00.
- ⁶³Cindy Schaumberg, M.S.W., Families In Partnership, Libby Community Survey, Montana Primary Care Association, September 29, 2000.
- ⁶⁴Peggy Smith, Executive Director, Family Planning Clinic, Libby Community Survey, Montana Primary Care Association, September 27, 2000.

Medically Underserved Population Application for Lincoln County, Montana

**Lincoln County Health Department
609 Mineral Avenue
Libby, MT 59923**

I. Purpose/Service Area

The purpose of this application to the Division of Shortage Designation is to request a review of Lincoln County, Montana for designation as a Medically Underserved Population. This is a new application. Attachment 1 shows the location of Lincoln County in Montana.

The Service Area is all of Lincoln County. The major population center is Libby.

II. Population and Poverty Data

The population of Lincoln County is 18730 (Claritas 1998—Attachment 2). The population of Lincoln County which is at or below 200% Poverty is 10,082.

Lincoln County has 21.96% of its population at or below 100% Poverty (Attachment 2). This is a weighted value of 13.6 for 100% Poverty.

III. Elderly Population

The elderly population in the county is 12% based on 2,283 people over age 65 and a total population of 18,772 (1997 Census Data as published in 1999 Montana County Health Profiles for Lincoln County—Attachment 3).

IV. Infant Mortality Data

The infant mortality five year rate for 1993-1998 for Lincoln County was 9.3 (Montana Vital Statistics Report as published in 1999 Montana County Health Profiles for Lincoln County—Attachment 4). This is a weighted value of 24.8 for Infant Mortality Rate.

V. Physicians

The total number of Medicaid visits for physicians in Lincoln was 6,152 for FY 1999. See Attachment 5.

$$3,724/5000 = .74 \text{ Medicaid FTE}$$

Per community information, there are no physicians in Lincoln County which have a formal sliding fee scale.


$$.74/10,082 \times 1000 = .07 \text{ or weighted value of .5 for Providers per 1,000 Population}$$

V. IMU Scores

V1- Poverty 21.96%	13.6 points
V2 – Elderly 12%	19.4 points
V3 – Infant Mortality 9.3	24.8 points
V4 – Physician per 1000 .121	.5 points
TOTAL SCORE	58.3 POINTS

Concurrence Signatures For Lincoln County MUP

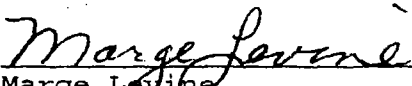
A.



Dr. Brad Black
County Health Officer
Libby, Montana

10/24/00

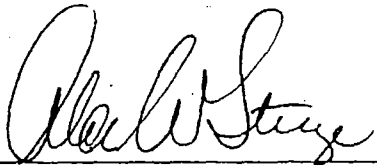
B. Montana Primary Care Office/Cooperative Agreement



Marge Levine
Montana Primary Care Office
Health Policy and Services Division
Department of Public Health and Human Services
Helena, Montana

10/24/00
Date

C. Montana Primary Care Association

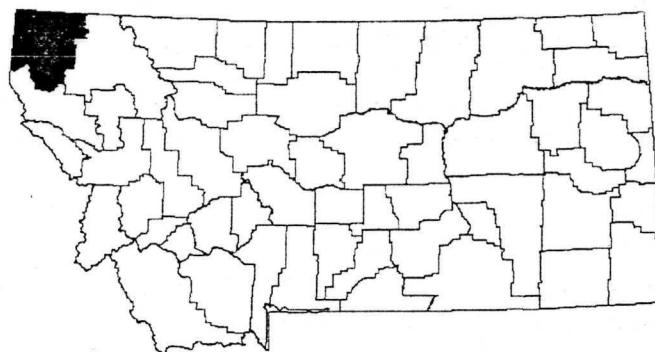


Alan Strange PhD
Director
Montana Primary Care Association

10/27/00
Date

CLARITAS DATA 1998
STATE OF MONTANA

<u>COUNTY</u>	<u>TOTAL POP.</u>	<u>POP. 100% POVERTY</u>	<u>% POP. POVERTY</u>	<u>POP. 200% POVERTY</u>	<u>% POP. POVERTY</u>
BEAVERHEAD	8810	1434	16.28	3613	41.01
BIG HORN	12225	4132	33.89	7691	63.07
BILLINGS	7025	2173	31.31	4476	64.49
BROADWATER	4038	617	15.28	1788	44.28
CARBON	9239	1909	20.66	4701	50.88
CARTER	1456	455	31.25	923	63.39
CASCADE	78946	10982	13.96	29990	38.12
CROFT	5158	654	12.68	2058	39.90
CUSTER	11879	1740	14.68	4741	39.99
DANIELS	2073	220	10.61	684	33.00
DAWSON	8873	1089	12.27	3174	35.77
DEER LODGE	9384	1513	16.52	38771	42.26
DELLON	2932	446	15.21	1427	48.67
DEER	12221	2216	18.45	5994	49.92
DEATH	71339	9466	13.28	26337	36.95
DELLATIN	57987	6339	10.95	18520	31.99
DEERFIELD	1377	384	27.89	891	64.71
DEACIER	12539	4194	34.64	7728	63.82
DELDEN VALLEY	985	232	26.36	543	61.70
DEANITE	2503	471	18.82	1265	50.54
DELL	17206	2341	13.81	5846	34.49
DEFFERSON	9566	987	10.32	2882	30.13
DEITH BASIN	2262	337	15.38	1006	45.92
DEKE	24880	5061	20.55	12264	49.79
DEWIS&CLARK	52419	4728	9.07	14901	28.60
DEBERTY	2264	267	13.09	803	39.38
DECOLN	18730	4109	21.96	10082	53.88
DEKONE	1975	422	21.37	1103	55.85
DELDISON	6739	1292	19.50	3189	48.14
DELAGHER	1759	304	18.36	832	50.24
DENERAL	3685	779	21.14	1989	53.98
DESSOULA	86245	10169	11.79	28191	32.69
DESSELSHELL	4699	1238	26.68	2716	58.53
DERK	15989	1995	12.84	5816	37.44
DETOLEUM	532	130	24.44	313	58.83
DELLIPS	4887	977	20.30	2468	51.29
DEDERA	6144	765	13.21	2246	38.79
DEWDER RIVER	1858	316	17.01	885	47.63
DEWELL	5718	1063	18.61	2873	50.29
DEURIE	1375	373	27.13	860	62.55
DEVALLI	34076	5356	15.83	14971	44.25
DEHLAND	10062	1694	16.84	4560	45.32
DEOSEVELT	10784	3189	29.57	6538	60.63
DEEBUD	10215	1921	18.81	4257	41.67
DENDERS	10162	21541	21.17	5606	55.17
DERIDAN	4196	514	12.26	1514	36.11
DEVER BOW	33577	5335	15.89	13628	40.59
DELLWATER	7642	1136	14.87	3172	41.51
DEET GRASS	3400	465	13.68	1457	42.85
DEON	6207	1026	17.31	2705	45.65
DELE	4806	505	11.12	1530	33.69
DEASURE	857	139	16.22	410	47.84
DELEY	8206	1460	17.79	3593	43.79
DEATLAND	2389	529	24.54	1258	58.35
DEAUX	1096	255	23.27	644	58.76
DELOWSTONE	124351	15052	12.11	40322	32.43
DE	862067				



COMMUNITY HEALTH DEVELOPMENT

County: Lincoln

County Seat: Libby

Lincoln County is in the northwestern corner of Montana. The population density was 5.2 persons per square mile in 1997, making Lincoln County a frontier county. Ross Creek is located in Lincoln County, which is the birthplace of Governor Racicot. Previously known for its mining and lumber industry, the county still derives the majority of its income from the lumber and wood products industry. The county is served by a county health department located in Libby and a Board of Health that meets quarterly.

Health Department:

609 Mineral Ave., Libby, MT 59923

(406) 293-7781

Public Health Officer:

Brad Black, MD; (406) 293-8756

Demographics		Lincoln					Montana				
Area (mi ²)		3,613 square miles					145,556 square miles				
Population Density		5.2/ square mile					6.0/ square mile				
Population Status		frontier					11 rural and 45 frontier counties				
Population ¹		0-4	5-19	20-64	65 +	Total	0-4	5-19	20-64	65 +	Total
by Age and Gender	Male	608	2,317	5,496	1,059	9,480	27,870	104,980	254,181	50,999	438,030
	Female	536	2,237	5,295	1,224	9,292	26,433	98,357	250,846	65,144	440,780
	Total	1,144	4,554	10,791	2,283	18,772	54,303	203,337	505,027	116,143	878,810
Percent of 25 years or older with HS Diploma or GED ²		73%					81%				
Median Household Income ²		\$25,591					\$22,988				
Unemployment Rate ³		12.1%					5.4%				
Percent of Population at or Below Federal Poverty Level ²			100%	150%	200%			100%	150%	200%	
			14.1%	28.2%	45.3%			16.1%	27.5%	39.9%	
Percent of Population with Health Care Costs covered by a Government Payor			Medicaid		Medicare			Medicaid		Medicare	
			17%		18%			12%		15%	
Persons 16 Years and Older with Mobility/Self-care limitations ²		520					28,515				
Live Births per 1,000 Population ⁴		10 (n = 188)					12 (n = 10,840)				
Deaths per 1,000 Population ⁴		9 (n = 162)					9 (n = 7,730)				
1997 Median Age at Death ⁴ (number of events)		Male	Fem	White	Other	All	Male	Fem	White	Other	All
		70.5 (100)	77.5 (62)	74 (161)	84 (1)	74 (162)	74 (4,035)	81 (3,695)	78 (7,374)	61 (356)	77 (7,730)

Prepared and distributed by the Community Health Development Section, Health Systems Bureau, Health Policy and Services Division.

¹ 1997 Census Bureau Estimate.

² 1990 Census.

³ MT Dept. Labor & Industry, 1998.

⁴ 1997 Vital Statistics Bureau.

COUNTY HEALTH PROFILE December 1998

Health Status Indicators	Lincoln		Montana					
Fertility Rates ⁵ (Teen births per 1,000 ten females; all births per 1,000 females of childbearing age)	Teen	All Women	Teen	All Women				
	48 (n = 169)	55 (n = 1,005)	41 (n = 6,831)	60 (n = 55,240)				
	1 st Trimester	Adequacy	1 st Trimester	Adequacy				
Prenatal Care (Percent beginning care in the first trimester; percent receiving adequate, i.e., early and continuous prenatal care) ⁵	78%	55%	81%	72%				
Percent Low Birthweight ⁵ (Below 5 lbs. 8 oz.)	6%		6%					
Percent of Newborns with any Anomaly or Abnormality ⁵	6%		8%					
Infant Mortality (Deaths per 1,000 live births) ⁵	8		7					
Cancer Incidence Rate (Diagnoses per 100,000) ⁶	360		349					
Leading Causes of Death (Based on a minimum of 20 deaths of county residents) ⁵	1. HEART DISEASE 2. CANCER 3. CEREBROVASCULAR DISEASE		1. HEART DISEASE 2. CANCER 3. CEREBROVASCULAR DISEASE					
Motor Vehicle Accident Death Rate (per 100,000) ⁵	32 (n = 30)		23 (n = 986)					
Suicide Rate (per 100,000) ⁵	14 (n = 13)		20 (n = 863)					
Traumatic Injury Death Rate (per 100,000) ⁵	82 (n = 76)		72 (n = 3,111)					
Percent of 2-yr. Olds Seen by a Health Care Provider That Are Fully Immunized (1998)	98% (n = 61)		89% (n = 2050)					
STD Incidence (Reported Cases per 100,000) ⁵	71 (n = 66)		168 (n = 7,238)					
Health Resource Assessment	Lincoln		Montana					
Local Hospitals or Medical Assistance Facilities (MAF) (Type of facility and number of beds)	1 local hospital(s), 0 MAF(s); 26 beds		45 local, 3 child/adult psych., & 1 VA hospital , 12 MAFs; 3,097 beds					
Rural Health Clinics (RHC), Federally Qualified Health Centers (FQHC), IHS and Tribal Health Facilities (Number and type)	1 RHCs, 0 FQHCs, 0 IHS/Tribal Health Facilities		25 RHCs, 11 FQHCs, 11 IHS/Tribal Health Facilities					
Availability of 911 and Advanced Life Support Services	911	Adv. Life Support	911	Adv. Life Support				
	Yes	0 Services:	98%	74 Services				
Nursing Homes (Number of facilities and beds)	2 / 148 beds		108 / 7,761 beds					
Aging Services Licensed (Number of Personal Care [PC], Adult Foster Care [AFC], and Retirement Home [RH] Licenses)	PC	AFC	RH	PC	AFC	RH		
	1	2	0	106	115	30		
Home Care Services Licensed (Number of Home Health Agency [HHA] and Hospice Licenses)	HHA		Hospice		HHA		Hospice	
	2		1		62		25	
Public Health Resources (Number of Full-time Equivalent Public Health Nurses, Public Health Sanitarians [PHS], Registered Dietitians [RD], and Health Educators [HlthEd])	Nurse	PHS	RD	HlthEd	Nurse	PHS	RD	HlthEd
	1.5	3.0	0.0	0.0	139.0	75.7	28.3	5.0
Primary Care Provider Resources (Number of doctors [MDs and DOs ⁷], Nurse Midwives [NMW], Nurse Practitioners [NP], and Physician's Assistants [PA])	MD/DO	NMW	NP	PA	MD/DO	NMW	NP	PA
	9	0	5	3	728	24	213	132
Health Care Provider Shortage Status (Federal Health Professional Shortage Area [Fed. HPSA], State HPSA, Medically Underserved Area [MUA], or Medically Underserved Population [MUP])	Federal HPSA - Eureka CCD; State HPSA - Yes; MUAs - None; MUPs - None				N.A.			

⁵ 5-year average based on data from 1993-1997, Vital Statistics Bureau.

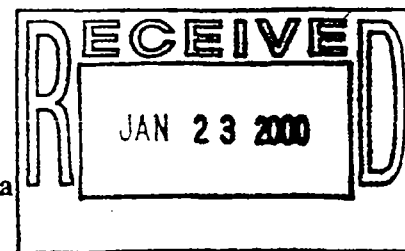
⁶ 5-year average based on data from 1993-1997 and age-adjusted to 1970 standard-million population, Montana Central Tumor Registry, Vital Statistics Bureau.

⁷ DO = Doctor of Osteopathic Medicine.

		Medicaid		
		N		
		lincoln co prov27		
		FY 1999		Formal
		Net Payment Amount	Visits Provider	Sliding Fee Scale
	PD	\$25,306.56	692	N
	FP	\$9,984.16	350	N
	FP	\$40,238.60	534	N
		\$3,900.57	41	N
	FP-IM	\$46,655.35	579	N
	FP (COLUMBIA FALLS)	\$358.09	14	N
	FP-SPORTS MEDICINE	\$2,928.37	69	N
	IM-CVD	\$8,402.18	277	N
	FP	\$15,817.33	433	N
	IM	\$3,092.37	93	N
	FP	\$52,680.60	483	N
		\$835.30	110	N
		\$3,912.01	39	N
	TOTAL PRIMARY CARE	\$214,111.49	3,724	
	TYPE	PAYMENT AMOUNT	VISITS PROVIDER	SLIDING FEE
	GS	\$11,987.85	72	N
	RD	\$18,466.44	1,130	N
	EM	\$8,499.92	220	N
	GS	\$5,203.11	228	N
	ORS	\$6,002.73	44	N
	GS	\$24,734.01	734	N
	TOTAL OTHER PHYSICIANS	\$74,894.06	2,428	
	TOTAL ALL PHYSICIANS	\$289,005.55	6,152	

PRIMARY CARE HPSA APPLICATION

Libby and Troy CCD of Lincoln County, Montana



I. PURPOSE/RATIONAL SERVICE AREA

The purpose of this application to the Division of Shortage Designation is to request a review of the Libby and Troy CCD of Lincoln County, Montana for designation as a low- income population Primary Care Health Professions Shortage Area (HPSA).

II. BACKGROUND/HISTORY

The Eureka and Troy CCD of Lincoln County were first designated as a primary care HPSA on 3/26/92. The Troy Division was withdrawn on 5/30/97. The Eureka Census Division update HPSA designation application was submitted 11/1/00.

III. POPULATION COUNT

The **population** of the Libby Census Division is 10,500 and Troy Division is 3,448 (1998 Claritas Data). The Population which is at or below 200% Poverty is 5,300 in the Libby Census Division and 2,124 in the Troy Division (Claritas 1998) for a **total low- income population of 7,424**. The main population center is Libby with a population of 2,626.

IV. PRIMARY CARE PRACTITIONER COUNT

The Number of Medicaid Visits for primary care physicians in the Libby and Troy Census Divisions of Lincoln County in Fiscal Year 1999 was 3,724 (Attachment 4). This computes (3,724/5000) to a Medicaid FTE of .75 FTE.

The low income population to primary care provider ratio is **7,424/.75 or 9,899:1**

Distances and times from Libby

	Distance	Travel Time*
Thompson Falls	78.9 miles	118.35 minutes
Kalispell	104.1 miles	156.15 minutes
Bonnars Ferry, ID	48.0 miles	72.00 minutes

The distance to the nearest non-HPSA site is Kalispell, 104.1 miles away or 156.15 minutes.

V. REFERENCE INFORMATION

Attachment 1. State map highlighting Rational Service Area and Contiguous Areas and map showing Census Division.

Attachment 2. Claritas Population and Poverty Data (1998).

Attachment 3. Rand McNally or Maps on US distance information.

Attachment 4. List of Medicaid Providers, Total Payments and Visits for Libby and Troy CCD of Lincoln County, FY 1999, December 2000.

Distance (miles) and time (minutes) from Libby, MT to Bonners Ferry, ID (information taken from Rand McNally Road Atlas USA, 2000).

Mileage from Libby to Montana border

29 miles * 1.5 = 43.50 minutes

Mileage from the Montana border to Bonners Ferry, Id

19 miles * 1.5 = 28.50 minutes

Total mileage = 48 miles

Total minutes = 72.0 minutes

Concurrence Signatures for the Libby/Troy CCDs of Lincoln County

A.



Dr. Brad Black
Public Health Officer
Lincoln County

1-18-01
Date

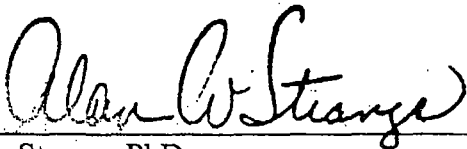
B. Montana Primary Care Office/Cooperative Agreement



Marge Levine
Montana Primary Care Office
Health Policy and Services Division
Department of Public Health and Human Services
Helena, Montana

1-23-01
Date

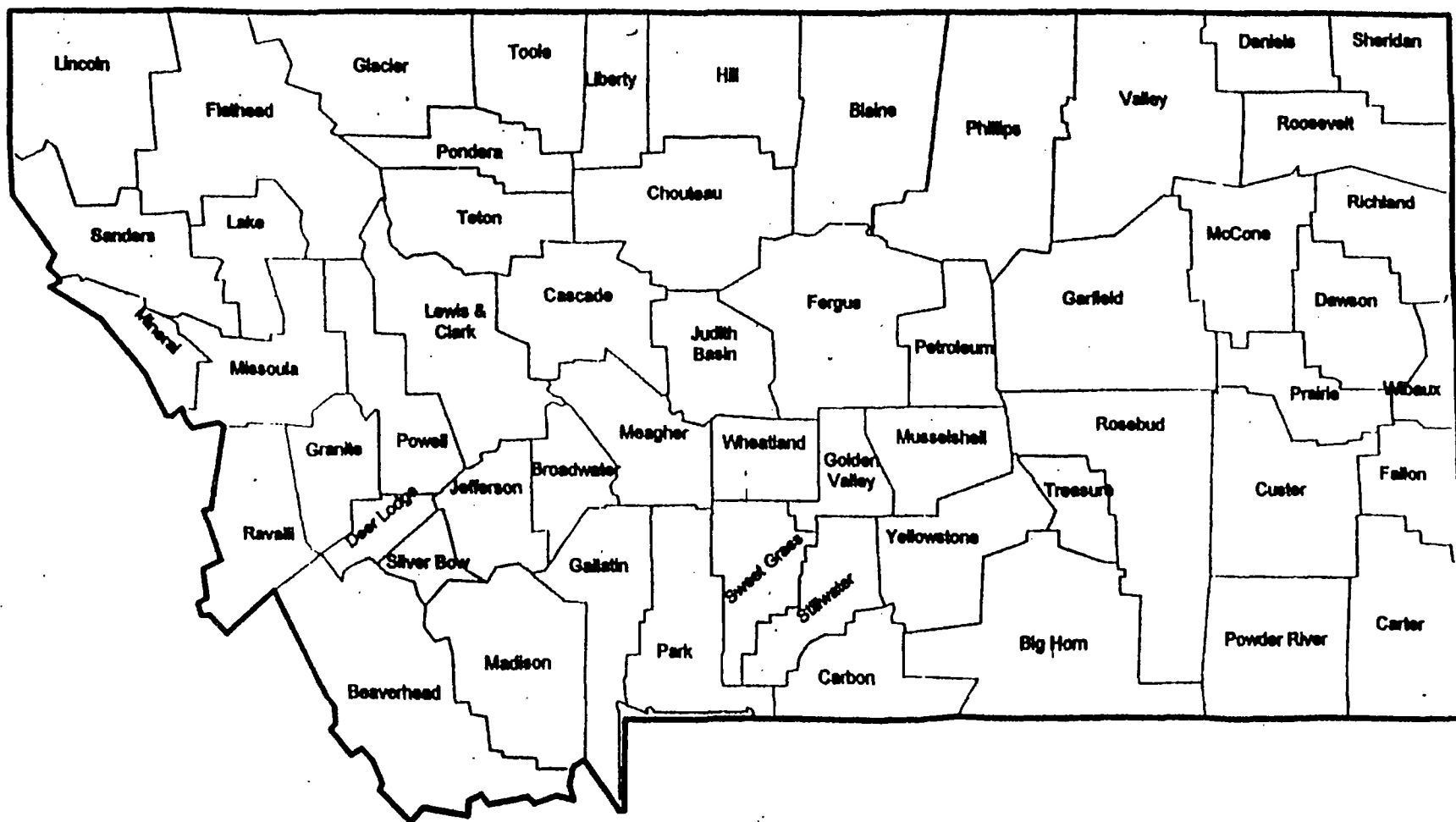
C. Montana Primary Care Association

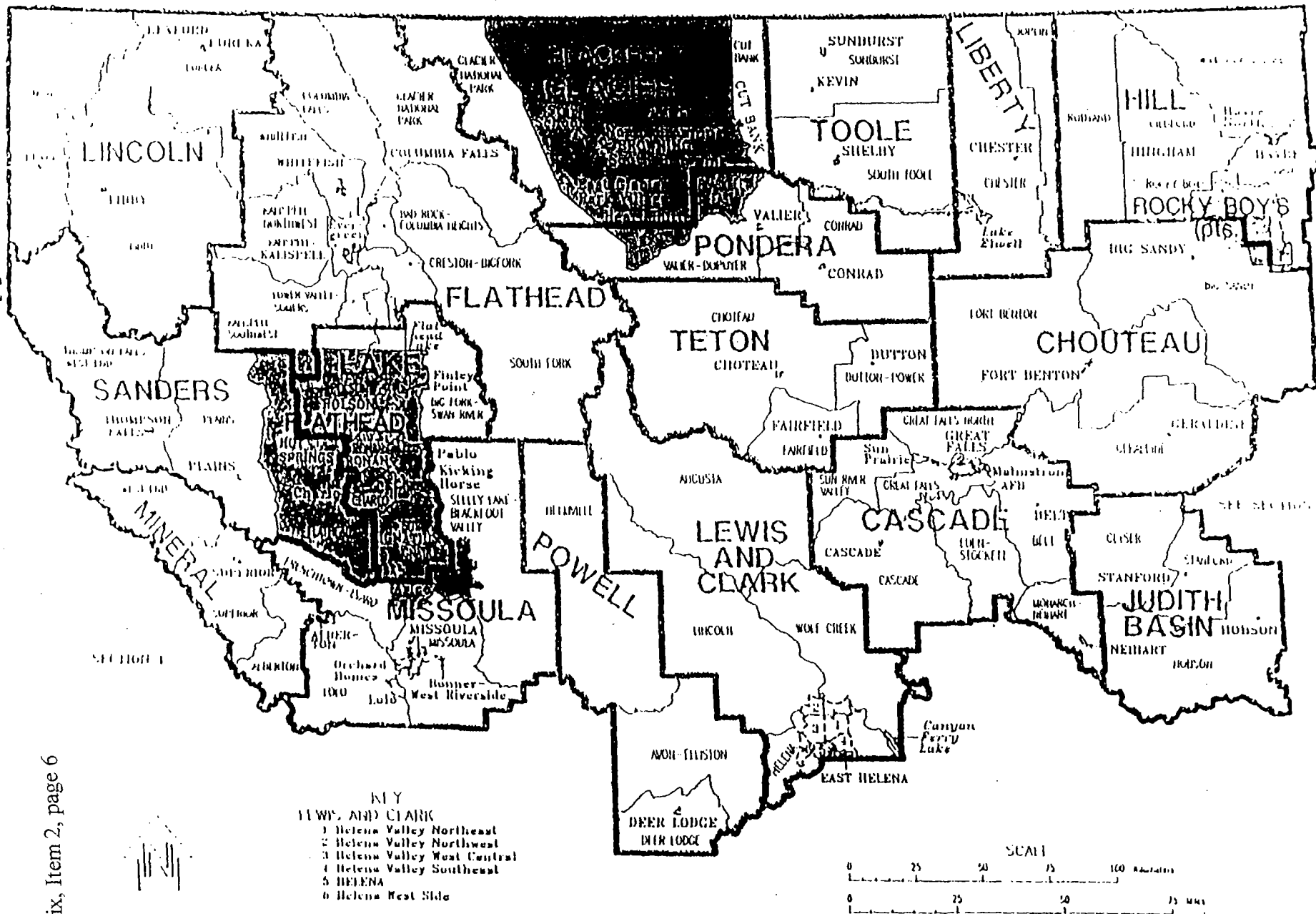


Alan Strange PhD
Director
Montana Primary Care Association

1-29-01
Date

Montana





RATIONAL SERVICE AREAS




CLARITAS DATA 1998
STATE OF MONTANA

<u>COUNTY</u>	<u>TOTAL POP.</u>	<u>POP. 100% POVERTY</u>	<u>% POP. POVERTY</u>	<u>POP. 200% POVERTY</u>	<u>% POP. POVERTY</u>
ACERHEAD	8810	1434	16.28	3613	41.01
AGRICULTURAL	12225	4132	33.89	7691	63.07
AGRICULTURAL	7025	2173	31.31	4476	64.49
AGRICULTURAL	4038	617	15.28	1788	44.28
AGRICULTURAL	9239	1909	20.66	4701	50.88
AGRICULTURAL	1456	455	31.25	923	63.39
AGRICULTURAL	78946	10982	13.96	29990	38.12
AGRICULTURAL	5158	654	12.68	2058	39.90
AGRICULTURAL	11879	1740	14.68	4741	39.99
AGRICULTURAL	2073	220	10.61	684	33.00
AGRICULTURAL	8873	1089	12.27	3174	35.77
AGRICULTURAL	9384	1513	16.52	38771	42.26
AGRICULTURAL	2932	446	15.21	1427	48.67
AGRICULTURAL	12221	2216	18.45	5994	49.92
AGRICULTURAL	71339	9466	13.28	26337	36.95
AGRICULTURAL	57987	6339	10.95	18520	31.99
AGRICULTURAL	1377	384	27.89	891	64.71
AGRICULTURAL	12539	4194	34.64	7728	63.82
AGRICULTURAL	985	232	26.36	543	61.70
AGRICULTURAL	2503	471	18.82	1265	50.54
AGRICULTURAL	17206	2341	13.81	5846	34.49
AGRICULTURAL	9566	987	10.32	2882	30.13
AGRICULTURAL	2262	337	15.38	1006	45.92
AGRICULTURAL	24880	5061	20.55	12264	49.79
AGRICULTURAL	52419	4728	9.07	14901	28.60
AGRICULTURAL	2264	267	13.09	803	39.38
AGRICULTURAL	18730	4109	21.96	10082	53.88
AGRICULTURAL	1975	422	21.37	1103	55.85
AGRICULTURAL	6739	1292	19.50	3189	48.14
AGRICULTURAL	1759	304	18.36	832	50.24
AGRICULTURAL	3685	779	21.14	1989	53.98
AGRICULTURAL	86245	10169	11.79	28191	32.69
AGRICULTURAL	4699	1238	26.68	2716	58.53
AGRICULTURAL	15989	1995	12.84	5816	37.44
AGRICULTURAL	532	130	24.44	313	58.83
AGRICULTURAL	4887	977	20.30	2468	51.29
AGRICULTURAL	6144	765	13.21	2246	38.79
AGRICULTURAL	1858	316	17.01	885	47.63
AGRICULTURAL	5718	1063	18.61	2873	50.29
AGRICULTURAL	1375	373	27.13	860	62.55
AGRICULTURAL	34076	5356	15.83	14971	44.25
AGRICULTURAL	10062	1694	16.84	4560	45.32
AGRICULTURAL	10784	3189	29.57	6538	60.63
AGRICULTURAL	10215	1921	18.81	4257	41.67
AGRICULTURAL	10162	21541	21.17	5606	55.17
AGRICULTURAL	4196	514	12.26	1514	36.11
AGRICULTURAL	33577	5335	15.89	13628	40.59
AGRICULTURAL	7642	1136	14.87	3172	41.51
AGRICULTURAL	3400	465	13.68	1457	42.85
AGRICULTURAL	6207	1026	17.31	2705	45.65
AGRICULTURAL	4806	505	11.12	1530	33.69
AGRICULTURAL	857	139	16.22	410	47.84
AGRICULTURAL	8206	1460	17.79	3593	43.79
AGRICULTURAL	2389	529	24.54	1258	58.35
AGRICULTURAL	1096	255	23.27	644	58.76
AGRICULTURAL	124351	15052	12.11	40322	32.43
	862067				

CLARITAS DATA (1998) STATE OF MONTANA

ID	MCD	MSA	FMCD	CTYNAME	MCDNAME	CIVPOP	POP_POV1	PCT_POV1	POP_POV2	PCT_POV2
30053005	005	9930	91071	Lincoln County, MT	Eureka division	4782	1042	21.79	2658	55.58
30053010	010	9930	92058	Lincoln County, MT	Libby division	10500	2096	20.00	5300	50.57
30053015	015	9930	93612	Lincoln County, MT	Troy division	3448	971	28.16	2124	61.60

2005



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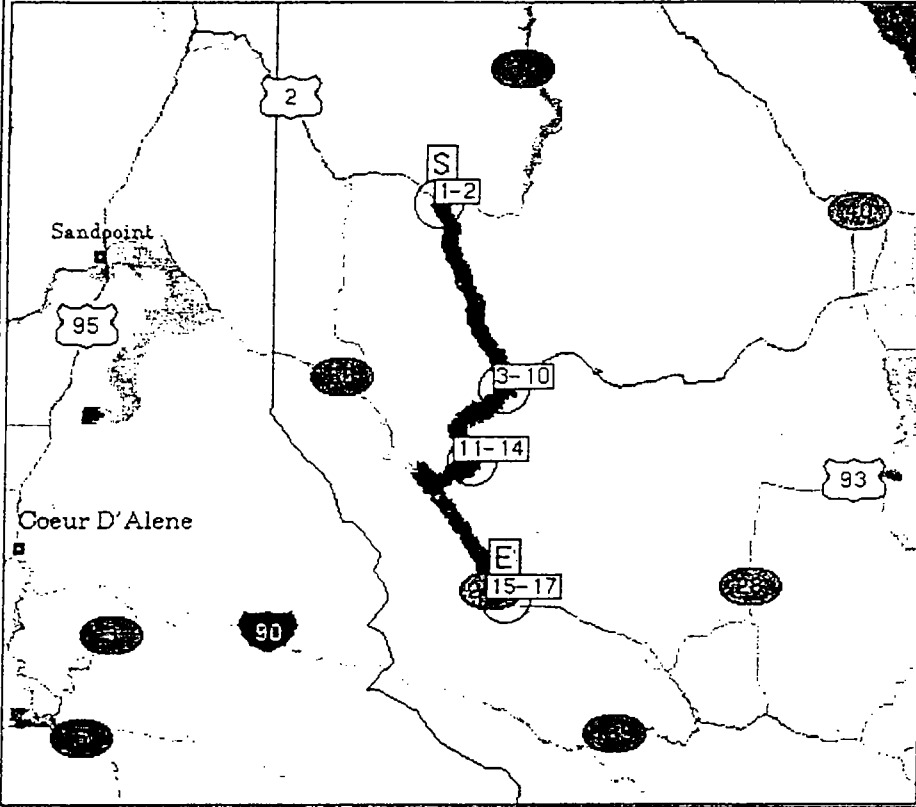
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Route Summary	
Start:	Start Point (Libby, MT)
End:	End Point (Thompson Falls, MT) 78.9 * 1.5 = 118.35 mi
Totals:	78.9 miles, 2 hours 22 min, 17 turns (Fastest Route)
Plan Return Route Plan Another Route Delete Route Jump to Turn-by-Turn Directions Redraw Map to Show Full Route Hide Large Map	



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ZOOM OUT

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BLACK&WHITE

DROP ROUTE

LESS DETAIL

20.0 MI CENTER: -115.47996 47.99186

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And finally, a message from our lawyers:

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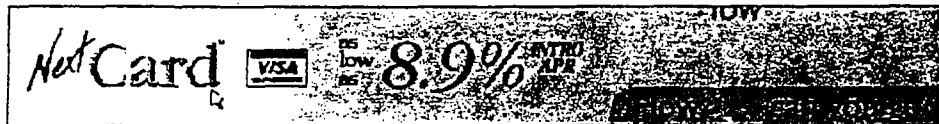
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To see the route in a non-tabular format, click [here](#).

	Go	And Then ...	Total Miles	Replace this column with detailed maps for all turns
<u>Start</u>		Head WEST on W 10TH ST, From Start Point (Libby, MT)	0.0	
<u>1</u>	Less than .1 mi	TURN RIGHT onto CALIFORNIA AV	0.0	
<u>2</u>	Less than .1 mi	TURN RIGHT onto US 2 (EAST)	0.1	
<u>3</u>	28.3 mi	TURN RIGHT onto SILVER BUTTE RD	28.4	
<u>4</u>	0.4 mi	FOLLOW SILVER BUTTE RD as it TURNS LEFT	28.7	
<u>5</u>	0.4 mi	BEAR RIGHT onto UNNAMED ROAD to NATIONAL FOREST DEVELOP ROAD 148	29.2	
<u>6</u>	1.2 mi	FOLLOW as road goes into NATIONAL FOREST DEVELOP ROAD 148	30.4	
<u>7</u>	5.0 mi	CONTINUE onto UNNAMED ROAD to NATIONAL FOREST DEVELOP ROAD 148	35.4	
<u>8</u>	0.6 mi	BEAR RIGHT onto NATIONAL FOREST DEVELOP ROAD 148	36.0	
<u>9</u>	3.0 mi	FOLLOW NATIONAL FOREST DEVELOP ROAD 148 as it TURNS LEFT	39.0	
<u>10</u>	1.7 mi	FOLLOW as road goes into UNNAMED ROAD to SILVER BUTTE PASS	40.8	

		BUTTE PASS	
<u>11</u>	3.7 mi	BEAR RIGHT onto SILVER BUTTE PASS	44.5
<u>12</u>	1.3 mi	TURN SHARPLY RIGHT onto VERMILLION RIVER RD	45.8
<u>13</u>	6.0 mi	CONTINUE onto VERMILLION RD	51.7
<u>14</u>	4.1 mi	TURN LEFT onto HWY 200 (SOUTH-EAST)	55.9
<u>15</u>	22.7 mi	TURN SHARPLY LEFT onto UNNAMED ROAD to MADISON ST	78.5
<u>16</u>	Less than .1 mi	TURN RIGHT onto MADISON ST	78.6
<u>17</u>	Less than .1 mi	TURN LEFT onto PRESTON AV	78.6
<u>End</u>	0.3 mi	End Point (Thompson Falls, MT)	78.9
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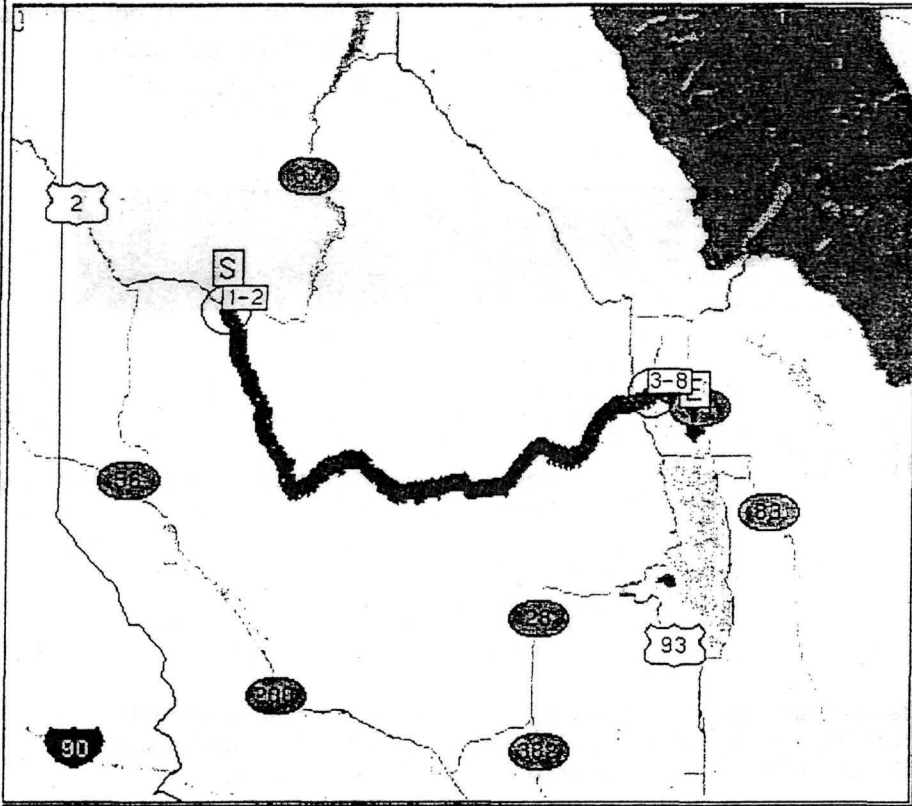


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Route Summary



Start:	Start Point (Libby, MT)
End:	End Point (Kalispell, MT) 104.1 * 1.5 = 156.15 minutes
Totals:	104.1 miles, 2 hours 22 min, 8 turns (Fastest Route)

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20.0 MI CENTER: -114.84323 48.20354

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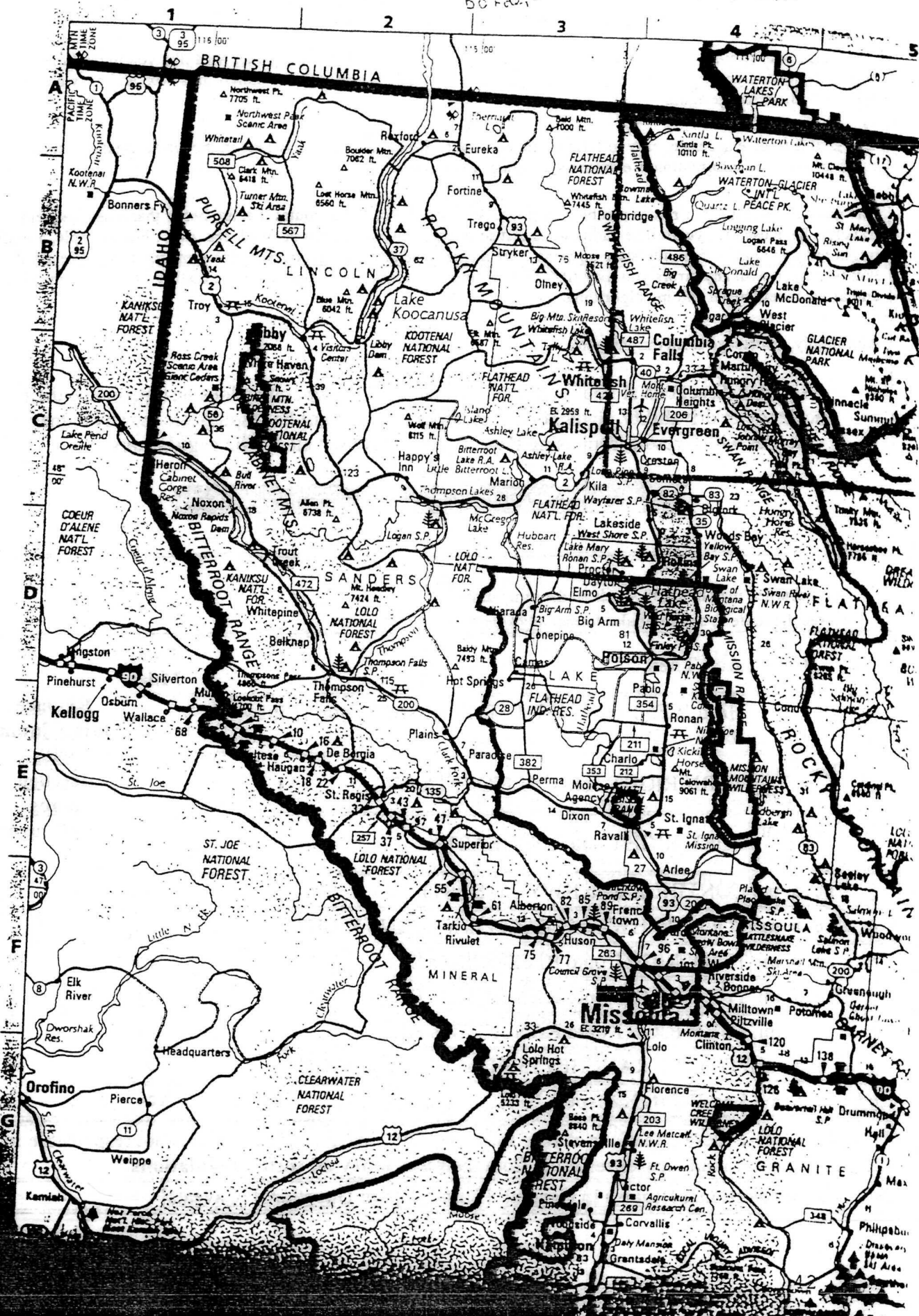
	Go	And Then ...	Total Miles	<u>Replace this column with detailed maps for all turns</u>
<u>Start</u>		Head WEST on W 10TH ST, From Start Point (Libby, MT)	0	
<u>1</u>	Less than .1 mi	TURN RIGHT onto CALIFORNIA AV	0	
<u>2</u>	Less than .1 mi	TURN RIGHT onto US 2 (EAST)	0	
<u>3</u>	90.3 mi	CONTINUE onto HWY 35 (EAST)	90	
<u>4</u>	0.8 mi	FOLLOW HWY 35 (EAST) as it TURNS RIGHT	91	
<u>5</u>	8.6 mi	TURN RIGHT onto RIVERSIDE RD	100	
<u>6</u>	3.9 mi	TURN RIGHT onto RANCHETTS DR	104	
<u>7</u>	0.2 mi	TURN RIGHT onto RANCHETTS RD	104	
<u>8</u>	0.2 mi	FOLLOW RANCHETTS RD as it TURNS RIGHT	104	
<u>End</u>	0.1 mi	End Point (Kalispell, MT)	104	

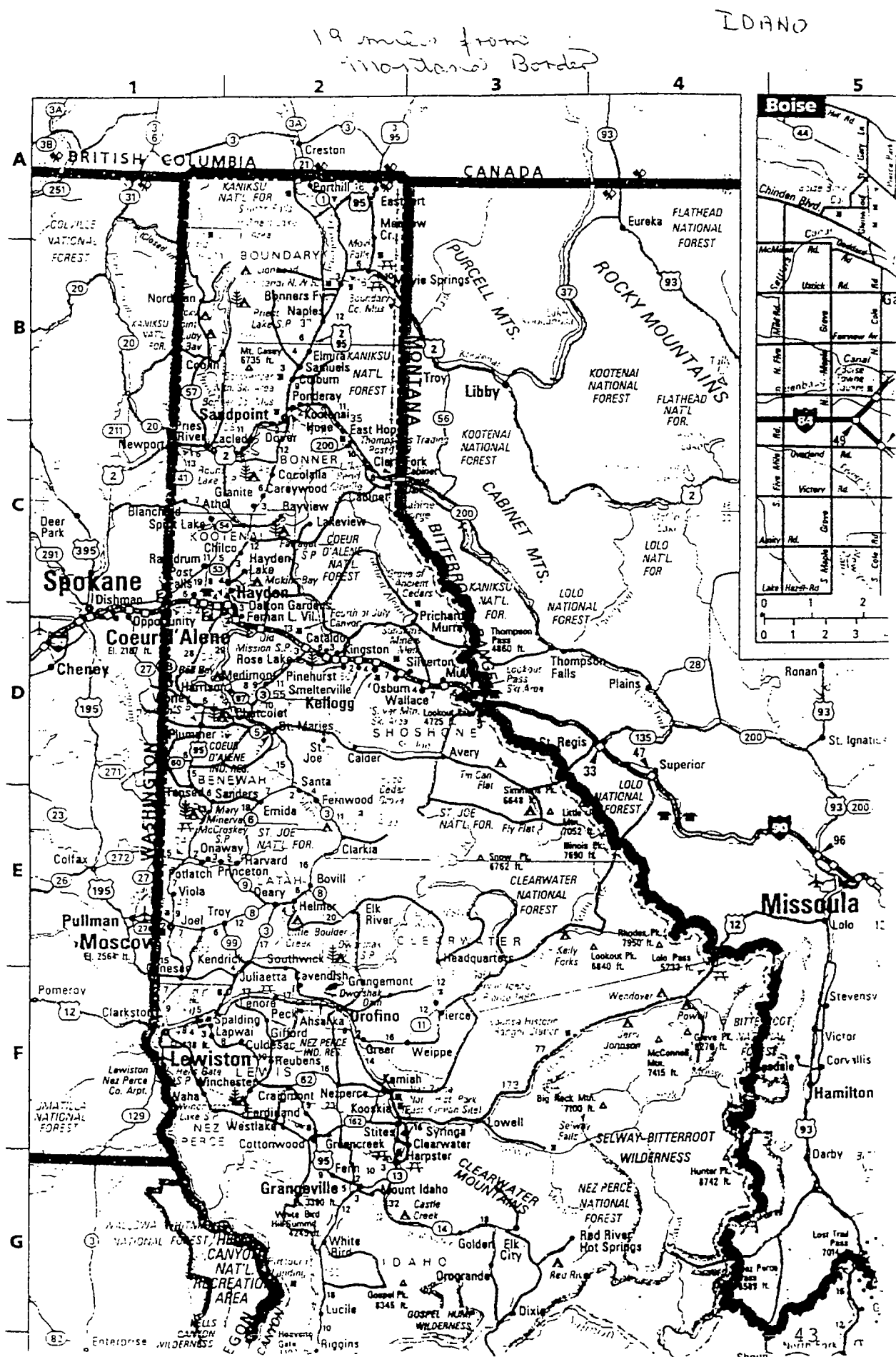
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29 miles to Idaho
Border?

Montana





#File

MEDICAID PAYMENT AND VISIT DATA FOR TROY AND LIBBY CCDS OF LINCOLN COUNTY, 10/2000			
Fund	Medicaid		
Capitated Service Indicator	N		
Subset	lincoln co prov27		
Time Period	FY 1999		
Provider Name	Net Payment Amount	Visits Provider	Formal Sliding Fee Scale
BLACK BRAD MD			
COLLINS ALAN P MD			
CUSKELLY WILLIAM A MD			
DAUM-SONTROP ANNEMIEK M			
GUNTHER GLENNE MD			
HANNON MICHAEL R MD			
HEPPE MARK MD			
JOHNSON JON MD			
MALONEY JAY ALAN MD			
PHELPS LEGRANDE J MD			
RICE GREGORY MD PC			
ST JOHNS LUTHERAN HOSP			
TSENG CHIEN-WEN MD			
TOTAL PRIMARY CARE			
OTHER PHYSICIANS			
ALFORD PHILIP P MD FACS			
BECKER STEPHEN N MD			
FAGAN CHRISTOPHER MD			
IVY ANDREW C JR MD			
SECHREST RANDALE MD			
KNECHT CLYDE A MD			
Subtotal			
TOTAL ALL PHYSICIANS			
TOTAL MEDICAID FTE FOR LIBB			
No Sliding Fee Scale			

Redacted for privacy

St. John's Lutheran Hospital
MANAGEMENT REVIEW FORM

If you choose not to use this form please answers all question in a narrative format.

These questions must be answered to determine the applicant organization's ability to safeguard Federal Funds. The documents described in this form do not need to be submitted, but they must be available for review either by transmission to the Health Resources Services Administration or on site should such a request be made.

1. Does/Did your organization receive funds from other Federal Agencies within the last five years. ☒ yes ☐ no

If yes, list the Agency, dates of award and amount of support.

2. Date of your organization's corporate fiscal year. March 31st

3. Date of last Audit. 3/31/2000

Were there material findings in the audit? ☐ yes ☒ no

4. Identify the type of accounting system of your organization ☐ cash ☒ accrual

5. Does your organization have written accounting procedures? ☒ yes ☐ no

6. Does Your Organization Have Written Personnel Policies and Procedures? ☒ yes
☐ no

7. Does Your Organization Have Written Travel Policies and Procedures? ☒ yes
☐ no

8. Does your organization have written procurement procedures? ☐ yes ☐ no

9. Does your organization have a written conflict of interest policy? ☒ yes ☐ no *for board member*

10. How many personnel are on your payroll? 180

11. Do you have position descriptions for each class or group of employees? ☒ yes ☐ no

Lincoln County
MANAGEMENT REVIEW FORM

If you choose not to use this form please answers all question in a narrative format.

These questions must be answered to determine the applicant organization's ability to safeguard Federal Funds. The documents described in this form do not need to be submitted, but they must be available for review either by transmission to the Health Resources Services Administration or on site should such a request be made.

1. Does/Did your organization receive funds from other Federal Agencies within the last five years. ☒ yes ☐ no

If yes, list the Agency, dates of award and amount of support.

Montana Board of Crime Control FEMA Forest Reservoirs W.I.C.
MT. Dept. of Transportation (CTEP) Drug Grant Home Grant F.A.A. Camp
Drought Relief QABK

2. Date of your organization's corporate fiscal year. 1989

3. Date of last Audit. 1999

Were there material findings in the audit? ☐ yes ☒ no

4. Identify the type of accounting system of your organization ☐ cash ☒ accrual

5. Does your organization have written accounting procedures? ☒ yes ☐ no

6. Does Your Organization Have Written Personnel Policies and Procedures? ☒ yes
☐ no

7. Does Your Organization Have Written Travel Policies and Procedures? ☒ yes
☐ no

8. Does your organization have written procurement procedures? ☒ yes ☐ no

9. Does your organization have a written conflict of interest policy? ☒ yes ☐ no

10. How many personnel are on your payroll? 129

11. Do you have position descriptions for each class or group of employees? ☒ yes ☐ no

From: Bonnie Selzler Ph.D., RN
600 South 2nd Street
Suite 1D
Bismarck, North Dakota
58504
#701-328-8941

RE: LIBBY, MONTANA
SEPTEMBER 19-26

Purpose

From September 19, 2000 to September 26, focused interviews were conducted with representatives of Montana mental health policy and planning, St. John's Hospital, Montana Primary Care Association, Libby Mental Health Center, Libby school counselors, Libby substance abuse agencies, Libby Ministerial Association, and local persons whose families were affected by the situation in Libby. A total of 24 persons provided information regarding the need for mental health services in conjunction with the current and future health care for persons affected by Libby's environmental disaster. The purpose of the focused interviews was to gain greater understanding of the health beliefs of residents of Libby and discover what emotional support resources existed and were acceptable to this community.

Questions

The core questions asked were: 1) What are the most pressing health needs related to asbestos in this community; 2) What are the existing resources that provide support for persons in an emotional crisis due to a physical health problem?; and 3) Who would you seek out to provide emotional support to you? Data were generated by participants as they told their stories of health and illness.

Analysis

Narrative analysis using a compare/contrast method was used to identify the essence of the community's beliefs. Several themes emerged from the data: 1) Libby residents are divided in their beliefs about asbestosis, 2) The existing support group is important to the health of the community, 3) Resource people in the community want education on how to provide emotional support, and 4) Libby residents want more information about how to stay healthy.

Summary

The narrative data received from providers, and local community members indicate:

1. The Support group for those affected by asbestosis is important to the community's recovery.
2. All existing providers are willing to meet regularly to support one another and to educate one another on referral procedures and screening for various mental health and substance abuse issues.
3. Given:
 - A. Everyone who experiences a disaster is affected by the disaster.
 - B. A total of 6,000 persons will be screened.
 - C. Estimates from local health/mental health providers are that 30% of those screened will need some kind of emotional support services.
 - D. 1800 persons and their families may be in need of services over the course of the next three to five years.
 - E. The latency period for this disease is 10-30 years. The community will need on-going support over the next generation.

4. Mental Health concerns expressed by indigenous providers and local community members included:
 - A. Depression (suicide)
 - B. Anxiety
 - C. Domestic violence
 - D. Substance abuse
 - E. School phobia

The local mental health and substance abuse agencies report this county has higher rates of domestic violence, substance abuse and mental health problems than surrounding counties. Both agencies are full to capacity and cannot take an influx of new clients without adding staff. Both agencies report they are not financially able to add staff at this time.

The local ministerial report they have not had the education to provide long term mental health care to the community. The ministerial are aware they will be the providers of choice for many people in the area. They request education from mental health experts.

Recommendations

The State of Montana is confident they can manage the existing mental health needs of the community of Libby at this time. Libby is a strong community with existing infrastructure and capacity to determine and meet mental health needs. Should the State need additional help in the future, they are aware of the multitude of agencies and existing resources on a Federal level.

Libby residents have formed a committee to pursue grant opportunities from HRSA and/or Robert Wood Johnson to fund a 3-5 year project to provide support for community members. Montana Primary Care Association will provide on-going support and assistance to get the grant completed. Laura Sedler, St John's Hospital was given the task of writing the HRSA grant application.

Clearly, the community of Libby will be successful in meeting mental health needs of residents through building capacity within existing resources. Libby is a rural community with an existing mental health support network. The local hospital with funding from EPA has a support group for people affected by asbestosis. That support group has from 12 to 20 persons each time it meets. It is expected the group will need to meet more often to accommodate those who wish to participate. Dan Anderson will look at his budget to see if there are any monies that he can provide for the support group.

Greater cohesion can occur through a providers' meeting that would give all community providers a chance to share issues, discuss referral procedures, and support one another. Sally Martin and Clay Poplin meet as part of the Child Protection team. It was suggested this may be a meeting that could be extended a few minutes to discuss the mental health issues related to asbestosis. There is a 24 hour crisis line in the Libby community that could also serve as an information /referral source for people needing help with mental health issues related to asbestosis. Sally Martin will pursue use of that line and available information about local resources.

There is a need to increase community awareness. Laura Sedler will provide a health education column for the local newspaper. The focus of the column will be on how to care for oneself/family, dealing with children's anxiety/issues and other pertinent topics for this community.

It will be important to track the type and amount of mental health services used by the community. All providers were willing to do this but need some help in procedure. That data can serve as support for changes in number of providers and type of service needed to meet community needs.

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